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THE CONVENTION IN RETROSPECT

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STATE BOARD OF HEALTH

JACKSONVILLE, FLORIDA

Report of the Eleventh Annual Meeting Florida Public Health Association

EDWARD M. L'ENGLE, M. D.

Secretary-Treasurer

At the Eleventh Annual Meeting of the Florida Public Health Association, held at the Hotel Roosevelt, Jacksonville, Florida, on December 7-9, 1939, the total registration was 267. Of this number, 153 were members of the Association and 114 guests. At the annual banquet held December 8, there were 226 people in attendance. To compare this with 1938, the convention registration in that year was 263, the banquet, 213.

Dr. A. P. Black, Vice-President of the Association, proved an efficient and pleasing presiding officer. Mr. S. D. Macready, President, was unable to attend the convention. Thirty-three new members joined the Association at this meeting and seven old members were reinstated, bringing the total membership up to 255. A very interesting and instructive program was enjoyed.

For the first time in the history of the Florida Association an effort was made to secure commercial as well as scientific exhibits. Even though this feature was not decided upon until late in the year the result was most gratifying both from an education and financial standpoint. We expect to make exhibits an increasingly important attraction at future conventions.

At the meeting of the Board of Directors, December 9, Tampa was chosen as the 1940 convention city. Doctor Horatio N. Parker of Jacksonville was selected as the representative of this Association to the Governing Council of the American Public Health Association, with Doctor Mark F. Boyd of Tallahassee as alternate.

A joint committee to perfect plans for the organization of a Cuban and Caribbean Public Health Association was authorized. George N. MacDonell, M. D., Miami City Health Officer, was named to represent the Florida Public Health Association. N. A. Upchurch, M. D., Jacksonville City Health Officer, is his alternate.

Many prominent out-of-state and foreign guests attended the meeting. These doctors contributed very materially to the program and it was a great pleasure to have them with us.

The following officers were elected for the year 1940:

A. B. McCreary, M. D., President.
L. J. Graves, M. D., First Vice-President.
A. C. Newman, Second Vice-President.
Edward M. L'Engle, M. D., Secretary-Treasurer.

These officers, with the following, constitute the Board of Directors:

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United Planning Gives Way To United Action In Florida Health Program*

A. B. McCREARY, M. D.
State Health Officer

Private physicians, dentists, business men, educators, civic leaders are joining public health officials in march towards common goal: A healthier citizenry Several cooperative programs already under way in state

THE new public health program that Florida embarked upon a few months ago is the result of a long period of united thought, research and planning which is now being translated into united action.

Private physicians, lay persons, business men and educators are joining public health officials in the new health union. Heretofore these groups have operated as isolated organizations going off to their respective corners to privately plan their own programs. No group knew what the other group was doing until it was done. Many times it was a move in the right direction. Many times it was not.

There seemed no good reason for the isolationist policy except that no one had taken the time nor made the effort to develop any better policy. Affairs of public health had been handled that way for years and years, thus it had become an accepted method of procedure.

Fortunately, the various groups of isolationists were made up of intelligent people, they eventually learned through the hard process of trial and error that they were not deriving full benefit from their efforts. Upon looking into the situation more carefully, it was discovered that much time and energy could be saved and far better results achieved if public health, a

common problem, were attacked co-operatively.

In this way, each group would be directing and coordinating its public health activities toward a common goal. The State Board of Health as the official health agency in the state took the first step in the new united health program. They invited the American Public Health Association to Florida to make a state-wide survey. Even this invitation represented united action since it carried the endorsement of the State Planning Board, Florida Medical Association, Florida Congress of Parents and Teachers, Florida Public Health Association and State Department of Education.

The American Public Health Association field workers came to Florida January 1, 1939 to begin the survey. Today the survey is not only completed, but its recommendations are in the process of being carried out.

The recommendations of the survey represent the opinion of not one man or one group, but the united opinion of many groups of experts. Furthermore, they follow the dictates of the most approved principles of modern public health practices.

The survey brings to light many "knotty" problems which must be solved and the State Board of Health has adopted its recommendations as the official Florida health program.

*Delivered at Florida Public Health Association Convention, Jacksonville, Florida. First general session, December 7, 1939.

This decision has the approval of the Florida Medical Association, U. S. Public Health Service, Florida press and those professional and lay groups sincerely interested in the advancement of Florida.

The first result of united effort was the formation of the State-Wide Public Health Committee. At the outset, this was planned as a temporary organization designed to distribute 10,000 copies of the survey report, "The Health Situation in Florida," and then disband. Members of the temporary Committee became so enthusiastic over the survey, however, and the possibilities of the State-Wide Public Health Committee that they voted to make it a permanent body. Proof of the soundness of their judgment is borne out by the fact that since its organization in May, its membership has grown to almost 2,300.

Recently, as a result of cooperative group thinking and concerted effort, a new school health program was conceived. Thirty organizations in the state, both official and voluntary, concerned with health of school children were represented. The program outlined at this conference has been put into pamphlet form and is now being distributed throughout the state to school faculties, boards of instruction and other interested persons. The State Department of Education has already inaugurated the program in counties where there is a full-time county health unit.

The abolition of health districts in Florida as recommended by the American Public Health Association field workers has been realized because of willingness to participate in group consideration of mutual problems. The districts were "expensive and ineffective" and after careful study it was agreed that the time and money spent on them could be more wisely directed toward establishing full-time county health units.

Still another instance of group planning and discussion was the tuberculosis institute held at the Florida

State Sanatorium the first week in December. This was jointly planned by five state-wide agencies for the special benefit of county health unit directors.

Programs on syphilis control, sanitation and milk are also being carried on cooperatively by the State Board of Health, Department of Agriculture and local medical societies.

The local Chambers of Commerce have joined the movement by establishing their own public health committees to assist other community organizations in solving their common problems. Each commercial secretary in the State has received a copy of "The Health Situation in Florida" together with a personal letter from August Burghard, President, Florida Commercial Secretaries' Association, urging that the report be read carefully and that its recommendations be given earnest considerations.

We are on the threshold of accomplishment, facing the future with intensity of purpose and unity of action.

SAY NO!

The habit of saying "Yes" too hastily gets people into many unpleasant predicaments and often leads to the development of bad habits—especially bad health habits. So why not list as Number One New Year's Resolution the Rule: "Say No"?

Say "No" to that extra cigaret, that second cup of coffee and that unnecessary "one more helping" of food.

Say "No" to "just one more drink", to drinking while driving and driving while drinking.

Say "No" to overtime at the office that robs you of necessary relaxation and rest.

Say "No" to hurried meals and lopsided diets.

Say "No" to an over-crowded day that prevents sufficient time for daily elimination.

Say "No" to those who would waste your perfectly good tax money by trying to kid you with part-time health service instead of giving you the protection of an efficient, economical full-time county health unit which you as a citizen deserve.

Say "No" to all these things with gusto and enjoy a

HEALTHY 1940

State Committee To Keep Public Health From Being Used To Pay Political Debts*

JOHN P. INGLE, SR.

President

Florida State-Wide Public Health Committee

Governor Cone lauded for appointing as present State Health Officer a man well qualified in public health. . . . "We, the people, intend to see that future governors continue this policy", says State Committee President

THE time has come in the life of the Florida State-Wide Public Health Committee to pause, take stock and look ahead. We are now a little more than six months old and have almost 2,300 members scattered throughout the state.

There is much behind us but still more ahead. We must plan carefully for the future.

Recently I have heard remarks made concerning the relationship between the State-Wide Public Health Committee and private physicians. There seems to be a little misunderstanding about this relationship. For that reason I would like to clarify it.

There is no foundation for the belief that doctors do not approve of citizens forming a health committee. The only proof needed to show that the doctors do approve of our work is the presence of six doctors, one of whom is Dr. Leigh F. Robinson, President of the Florida Medical Association, and two dentists on our State Executive Board which consists of twenty persons.

Doctors are just as much private citizens as we are and in my opinion doctors should serve on every citizens committee. It is particularly important that they serve on committees concerned with public health.

The State-Wide Committee is es-

entially a lay group and a large majority of its members are business men. The organization has no political axe to grind, no funds to raise. It is not an official agency. No one connected with it gets a dime for their services. Therefore, we can say and do what we please. We are free agents representing the voice of the people.

We are and will continue to do everything in our power to promote the recommendations in the American Public Health Association's Florida report, which has been adopted by the State Board of Health as its long-time program. We are pushing these recommendations because, after studying them for a period of months, we are convinced their enactment is for the best interests of our state.

I do not mean to say that the public, or the Committee, is going to tell the State Board of Health or the county health units how to run their departments. We do not want to do that any more than we want to run the police and fire departments just because we seek protection from crime and fires. But we do demand that specialists in public health be employed to give us the protection we want and have a right to expect.

The first objective of the State-Wide Public Health Committee in its move to solve Florida's health problems is the establishment of a full-time County Health Unit in each of our 67 counties. Only 17 counties are now

*Delivered at Florida Public Health Association Convention, Jacksonville, Florida. First general session, December 7, 1939.

served by such units, which puts Florida at the bottom of the list of Southern States. By full-time County Health Units, we do not mean one-man "departments" where that man is a doctor doing private practice on one side and so-called public health on the other. Neither do we mean appointing fire chiefs or sheriffs or veterinarians as "health officers." All these men may be very fine public servants in their chosen professions but even they would be the last to lay claim to being public health experts. What we mean by a full-time County Health Unit is a department composed of a minimum of one full-time health officer, one or two full-time sanitarians, one or two or more nurses and one clerk, all of whom have had public health training and meet the qualifications of the highest public health standards.

The welfare of the public is a public concern and not confined to any one group of men or women. It is not the concern of the public health official alone, or the doctor alone. The people are concerned too. We must all work together. Doctors and public health workers have technical knowledge to contribute. We have the freedom of speech it is difficult for them to indulge in and still maintain ethical standards.

The year just closed has been a momentous one for public health in Florida. Just one year ago the American Public Health Association field workers were invited to come to Florida to make a survey of health conditions.

Those who extended the invitation knew beforehand that the report of the survey might not be, and, in all probability would not be, a "happy" one. It is to the everlasting credit of Governor Cone that, knowing this, he still permitted the survey to be made. After it was completed and the facts set forth therein turned out to be even worse than had been anticipated it took still

more forthright honesty for the Governor and the State Board of Health to permit the findings to be released.

It would have been much easier for Governor Cone and the State Board of Health to "pigeon-hole" the report and "forget" it was ever made. Instead they ordered 10,000 copies of the summarized version printed for distribution throughout the state. They said in effect, "Let's all get busy and clean up our health problems."

The next history making event of the year was in the appointment of Dr. A. B. McCreary as State Health Officer to succeed the late Dr. W. A. McPhaul. Here was an opportunity for Governor Cone to pay political debts by making an appointment based on politics rather than merit. But, instead of thinking of politics, Governor Cone thought of the welfare of the people of Florida. He appointed as State Health Officer, Dr. McCreary, one of the best qualified men in the state. The State-Wide Public Health Committee herewith tenders Governor Cone its thanks. We expect this statesmanlike policy to continue not only through the present administration, but through all administrations that are to come.

The State-Wide Public Health Committee will no longer tolerate a public health appointment that is merely a payment of political obligations. We are no longer taking chances on public health. Henceforth, the State-Wide Public Health Committee and its county affiliates intend to see that both state and local health department employees are picked public health men, not unqualified politicians.

Public health is not something to be kicked around as a political football. It is the health officer's job to guard the health and lives of the community. Certainly human lives should not be sacrificed on the altar of politics.

The people of Florida, meaning the

Evaluating Public Health Nursing Practices*

PEARL McIVER, R. N.

Senior Public Health Nursing Consultant

U. S. PUBLIC HEALTH SERVICE

ACCORDING to Webster's dictionary, "to evaluate" means to ascertain the amount and the value. In other words, "How much?" and "How good?" To evaluate public health nursing practice we must consider both quantity and quality.

Most of the analyses of public health nursing which have been made in the past have dealt rather exclusively with quantity. Occasionally the emphasis on quantity has been so great that it has tended to affect quality adversely. In her zeal to meet "Appraisal Form" standards for the number of visits to the various types of cases, the nurse has sometimes made hurried visits that were not very effective.

What then, are some of the criteria simple enough to be applied by any staff nurse, which will aid in evaluating the quality of public health nursing practices? The following seven questions may serve as a guide.

1. How do you select the cases you served? For instance, it is usually impossible and probably unnecessary, for the public health nurse to visit every expectant mother in her district. Were the cases she carried selected for some definite reason, as for example:

- a. Mothers who are pregnant for the first time.
- b. Those women who had complications with previous pregnancies or who are known to have syphilis.
- c. Those who are depending upon midwives for delivery.
- d. Those who are to be delivered in their own homes.

One could develop similar criteria for selecting cases in each service. Have you ever tried to jot down the factors which influence you in the selection of cases?

2. How are the visits to cases distributed? Is it enough to know that 100 visits were made to 30 tuberculosis cases during the quarter? To be sure, not every case needs the same amount of service, but is the number of visits per case in accordance with the needs of each case?

3. Are cases seen during the early stages of disease or condition? Are first visits to antepartum cases made before the end of the

third month of pregnancy? Are tuberculosis cases found during the early stages of the disease? Are infants visited during the first 48 hours of life? One visit during the first few days of an infant's life may be worth more to the mother than five visits after he is six months of age.

4. How much time does a nursing visit represent? A recent study of public health nursing visits in one agency indicated that the average length of tuberculosis visits in that agency was about five minutes! Not all visits take the same amount of time, but are not "five-minute visits" likely to be mere "door-step calls"?

5. What is the source of information for new cases? If the nurse's relationships are satisfactory and the service has been in existence for a year or more, may we not expect that the two most frequent sources of information will be the patient, or family of the patient, and the attending physician?

6. Is there evidence of increased responsibility on the part of the patients, as shown by:

- a. Regular clinic attendance with the minimum number of "follow-up" calls by the nurse.
- b. Parents voluntarily have their children immunized and vaccinated.
- c. Patients who need medical care seeking it early and of their own volition.

7. Is the distribution of nursing time in accordance with the health needs of the community? A "well-balanced" program for one community may be a poorly balanced program in another. Maternity hygiene may justly claim 70 per cent of the nursing time in some communities. In others, the tuberculosis problem may be the outstanding health problem and would rightly claim a larger share of the nursing time than any other service.

Several factors which will influence the answers to these questions are beyond the direct control of the staff nurse. The total nursing needs may be so much greater than the amount of nursing service available that one is tempted to sacrifice quality in order to spread the service over the entire area. Likewise, the answer to the sixth question may be affected by the availability of medical care. When such is the case, the alert public health nurse will concentrate on helping to influence the community to develop adequate health facilities through participating in appropriate channels of community education."

*Read at Florida Public Health Association Convention, Jacksonville, Florida, December 8, 1939.

Perfectly Balanced Health Program Requires Careful Analysis And Execution*

FRANK V. CHAPPELL, M. D.

Director, Local Health Service
STATE BOARD OF HEALTH

Every locality is problem unto itself good program in one place may be bad program for next door neighbor constant change and revision necessary to maintain balance. . . . No one problem should be stressed to the neglect of others

THE necessity for balancing a public health program in order to obtain the maximum results in return for effort expended is undisputable. The way to go about balancing that program is not so easily decided upon because public health, being an inexact and ever changing science, cannot set down hard and fast rules. A good program in one locality may be a bad program for the county next door, or even the neighboring town. What is good this year may be antiquated next year because during the intervening time an improved method may have been developed. For that reason I think it much better to stress the need for a balanced program, show how easy it is to unbalance a program and then make a few general suggestions that may prove helpful. Most of the points are already well known to all public health workers but because of a rigorous schedule they sometimes forget to stop and analyze what they know, with the idea of assembling this knowledge in an orderly fashion to the end that a balanced program may be planned and executed.

Everyone would like to be satisfied with his program. But let me warn you that a state of satisfaction in public health is a danger signal. A smoothly

running program is quite likely to be a stagnant, sluggish program that before long will begin to turn sour.

There are so many ways to prevent stagnation that none of us should ever contract this fatal disease. Among the easier and more obvious preventives are study, reading, post graduate institutes and professional conventions.

Research is another effective stagnation preventive. It need not necessarily be heavy scientific research. It can be something simple but interesting which you have studied or observed and which may contribute to scientific knowledge. You should put this down on paper, write it and try to have it published.

There are many different ways and means of approaching the goal of a balanced program but certain basic principles have been laid down over a period of years which cannot be overlooked. With these principles as a foundation we can begin the task of building a local health program that will come closest to filling the needs of a particular community.

Above all, a health program should not be developed in a careless, haphazard manner. It will require much time and careful study to plan a well

*Read at Florida Public Health Association Convention, Jacksonville, Florida. Local Health Service Section, December 8, 1939.

rounded program, balanced to fit the needs of the area it serves. Especially is this true when health service is new in an area. It is time well spent to take as long as you need and draw upon all the knowledge at your command in order to outline a balanced program.

In newly organized areas it is frequently necessary to start out giving some special type of service that has caught the public's fancy, just to appease them. Of course, in doing this some special problem may be unduly stressed to the detriment of the rest of the program. But just as soon as the project has served its purpose it can be put in its rightful place to establish balance.

The phases of a health program which most frequently receive undue attention at the outset are either syphilis, school examination or maternal mortality. Although I agree any activity of this kind which acts as an opening wedge in the community or county should be driven hard, still there seems to be no good reason why this wedge should prevent a definite pattern of work from being laid down and followed with increasing care as the program progresses.

The health officer should not hesitate to be an opportunist and seize upon any part of the program that will secure public sympathy and make the most of it, but at the same time he should keep before him the goal of a balanced program. He must remember that a health department is designed primarily to render complete health protection to everyone in the area which it serves.

Although services rendered by the health department often change from year to year as new knowledge is gathered, we should at present expect the following general services from a local health department:

1. Health education. This program is more powerful than any other

single phase of the health program. No one person can be made responsible for carrying on this activity. It should be the responsibility of every member of the staff.

2. Communicable disease control, including syphilis and tuberculosis.

3. Sanitation, including milk and other foods as well as community sanitation.

4. Prevention of maternal and infant deaths, and promotion of child hygiene.

5. Hygiene of school life is important enough to occupy a separate place in the program.

6. Dental hygiene, especially of the child and during the pre-natal period.

7. Vital statistics. Much of the failure or success of a local health program depends upon the use the health officer makes of information gleaned from the study of birth, death and morbidity records.

8. Many other services that will undoubtedly be introduced to some degree within the near future which are being held back now because of either lack of trained personnel, controversy over method, lack of funds or lack of educating ourselves and the public to accept them, include: mental hygiene, adult hygiene, industrial hygiene, cancer control, pneumonia control, birth control, possibly certain types of hospitalization.

Insofar as possible we should stay close to the middle of the road and not stress too much any one phase of a health program. Some of the worst "enemies" you local health officers have are the "high pressure salesmen" in the various bureaus of the State Board of Health. Quite naturally, each of them thinks his phase of the program is most important. Therefore, after listening to them it is a temptation to overload yourself with a dental, maternal and child health, venereal disease or tuberculosis program at the expense of other phases which you may need just as much or

perhaps more in your particular locality.

Many standards have been worked out over a period of years to serve as guides and aid in balancing health programs. Many of the guides at first depended upon the amount of money expended, upon the

personnel employed or simply upon the morbidity or mortality records. The best basis guide to a balanced program is the services rendered. This is the principle used in the appraisal form for Local Health work published by the American Public Health Association. The intelligent use of this form requires a general survey of the health conditions of a community. The form may be used for this purpose as well as for an outline in designing a balanced program. While it is not possible for any standard guide to judge for every community the relative importance of its various local activities, this form is a valuable publication and should be used constantly in the local program as an aid in keeping the program properly balanced.

The health officer should be ahead of the people of his city or county in public health thinking and understanding. He is not there to force things on people, but should not on the other hand adhere only to those activities required by law. The problem of what to include among the newer phases of public health programs de-

... public health being an inexact and ever-changing science, cannot set down hard and fast rules. A good program in one locality may be a bad program for the county next door or even the neighboring town.

What is good this year may be antiquated next year because during the interim an improved method may have been developed. . . . a state of satisfaction in public health is a danger signal. A smoothly running program is quite likely to be a stagnant, sluggish program that before long will begin to turn sour. . . ."

mands continual study and exercise of keen judgment in order to reach the proper decision.

The health officer should try to prevent fads from unbalancing his program. It is easy to "take up" fads. To avoid this pitfall, the health officer should

remember that the band wagon is nearly always ahead of scientific knowledge.

Records and their proper keeping are so important that they must occupy a major position in every local health program. The health officer and his staff may literally work themselves out of a job and their fingers to the bone but unless some record is kept of it no one will know what is going on. In the case of departments that are receiving Federal and State aid, records are particularly important because only as the work and its results are reported is it measured for continuance of aid. If properly used, records can be the foundation upon which the entire program is planned.

Not one single part of a public health program should be final. They necessarily vary with time and place and must be kept elastic in order to meet changing conditions and growing knowledge. Public health is a living, moving science and no one's opinion is final. A program rigidly set up and rigidly followed will soon become antiquated in this age of rapid transition and advancement.

Health Rules Translated Into Healthful Living In New School Health Program

COLIN ENGLISH

Superintendent, Florida State Department of Education
TALLAHASSEE

New health program being inaugurated in Florida schools jointly administered by schools, full-time county health units and physicians. educational aspects of physical examination stressed.

THE bulletin, "Plans for Florida's School Health Program", which was prepared last summer by an extensive committee and has since that time been slightly modified and adjusted, has just come from the press, and will be administered first in those counties having full-time Health Units. In unorganized counties the school authorities are to assist in the effort to secure such a unit. The bulletin sets up the school health program as having three broad, overlapping, but very definite phases. These phases, as designated by the chapter titles, are *healthful school living*, *health instruction*, and *health service*.

Healthful school living is considered as the most important aspect of the health program. This concerns itself with the idea of *making health a functional matter* and not of simply talking about health, of having proper sanitation and not of discussing what proper sanitation is, of having proper building facilities, playgrounds, proper heat, lights, water, a proper arrangement of the school schedule, a consideration of the problem of class assignments, organization of the school program and home work, of the rela-

tionship between teachers and pupils and among the pupils themselves.

The second phase, health instruction, concerns itself with the teaching that is done in regard to health. Here it is indicated that certain broad topics should receive consideration. Among these topics are such things as *safety and first aid, stimulants and narcotics, nutrition, personal hygiene, sleep and rest, mental hygiene, choice and use of health services, etc.*

Many special groups would like to see certain items made required subjects in the school program. These groups frequently do not see the total program at all and, consequently, bring pressure to bear which would result in an unbalanced plan of instruction for the children involved.

The third phase of the school program, health service, concerns itself with all those services rendered to the child which may improve his health. Many groups consider this a first essential, since they say that a child who has any kind of infection or health defect has such tremendous physical drains upon his body that it is impossible for him to learn about health or to practice healthful living. It is likewise asserted, and with complete truth, that a child who is unhealthy is in no condition to profit

*Abstract of talk delivered at Florida Public Health Association Convention, December 7-9, 1939.

by the experiences which the curriculum of the school affords to him.

The program of health service as presented in the bulletin indicates that there are *several aspects* of this service: the *prevention and control of communicable disease*, the *health examination or physical examination*, the *correction of defects*, *first aid*, *provision for handicapped children*, et cetera.

In rendering any of these health services to the child it is imperative to remember that the primary functions of the school and all of the activities which are conducted by the school and through the school must necessarily be educational. Every health service must be conducted with that idea in mind and those services which are rendered should be presented in such a way that the child will realize it is a worthwhile experience for him to have.

The health examination upon which I have been asked to make specific comment should, of course, have as its one outstanding objective the education of the child. The program, as presented in the bulletin, indicates that these examinations should be offered through the school once every three years and that the school should then encourage all individuals to secure, through family physicians, an annual health examination. This examination, of course, should be very thorough and should not be administered so rapidly that the child does not have an opportunity to profit by the experience.

I should like to quote the following from the School Bulletin dealing with the health examination:

"Every child should be examined at least annually by the family physician. In the case of those children who have not had the advantage of adequate medical care by family physicians it has been found necessary to provide school

health examinations to stimulate a desire on the part of the child and the parent for this service, and, at the same time, to demonstrate the necessity of frequent examinations as a safeguard to health. It is imperative that health officials or those responsible for conducting health examinations give sufficient time to the examination to create a proper experience for the child."

The bulletin also outlines in detail other aspects of the health examination. These include preparation of the child, in invitation to be extended to parents to be present when the examination is given, the procedure for weighing and measuring, the procedure for testing hearing and sight, the preparation of clinic rooms, the arrangement of appointments for parents, and the health record card which would contain the information needed by physicians in correcting defects. This record card has not yet been developed in detail, but it is one project upon which efforts are being directed at the present time. In this way it is hoped that there may be some degree of uniformity in records throughout the state.

I have intentionally avoided the tendency to go into any technical details regarding the work of the physician in the health examinations. These are matters which physicians must work out themselves. In working them out, however, I do hope they will keep in mind the broad educational principles involved, that they will remember that all of the work done within the school building and through the school must be primarily educational and that they should strive, as a result of the health examination to educate those individuals who are not examined to the necessity for such health examination, so that they will wish for themselves this periodic discovery of their health status from their family physicians.

BUREAU OF VITAL STATISTICS

EDWARD M. L'ENGLE, M. D., Director

Florida births reached their highest level for 9 years in 1938 with a rate of 18.3 as against 17.7 for 1937. Not since 1929 when the rate was 18.8 has the 1938 record been beaten. Highest rate for the 22 year period occurred in 1926 when the rate was 27.0. In that year the white rate exceeded the colored, but in all subsequent years save one, namely 1927, the colored birth rate has been higher than the white.

Gilchrist with a rate of 30.0 for 1938 is the highest in the state. Collier with 11.5 is the lowest. Duval County had a rate of 17.2, Hillsboro 17.2, Orange 14.9, Pinellas 14.8, Polk 17.5, Volusia 12.6.

Counties with the highest per capita wealth based on assessed valuation in 1938, showed the following birth rates for that year: Dade 16.6, Palm Beach 18.2, Lee 21.3, Glades 16.5, Charlotte 10.6, Sarasota 16.4, Lake 15.8, Hernando 19.3, Citrus 18.8.

Those with lowest per capita wealth had the following birth rate: Santa Rosa 25.8, Okaloosa 23.5, Walton 19.0, Holmes 22.5, Washington 20.4, Bay 23.9, Jackson 23.3, Calhoun 26.0, Liberty 18.2, Gadsden 23.9, Wakulla 16.4, Jefferson 20.3, Madison 21.5, Hamilton 24.3, Suwannee 23.4, Lafayette 25.2, Baker 19.4, Union 13.6, Bradford 22.3, Alachua 20.3, Levy 18.9, Hardee 16.8. All of these except Hardee and Union are above the state average.

In 1937, the latest available federal report, the average national birth rate was 17.0, as compared with 17.7 for Florida that same year.

**Births and Birth Rates per 1,000 Population, by Color,
Florida, 1917-1938**

YEARS	TOTAL		Nat. Aver.	WHITE		COLORED	
	Births	Rates		Births	Rates	Births	Rates
1938	31,095	18.3	21,757	18.0	9,338	19.1
1937	29,488	17.7	17.0	20,559	17.3	8,929	18.5
1936	28,084	17.1	16.7	19,753	16.9	8,331	17.5
1935	28,049	17.4	16.9	19,584	17.1	8,465	18.0
1934	26,694	16.8	17.1	18,589	16.5	8,105	17.6
1933	25,681	16.5	16.5	17,602	16.0	8,079	17.9
1932	27,411	17.9	17.4	18,856	17.4	8,555	19.1
1931	27,033	18.0	18.0	18,658	17.5	8,375	18.9
1930	26,991	18.2	18.9	18,596	17.8	8,395	19.3
1929	26,853	18.8	18.9	18,296	18.2	8,557	20.1
1928	29,776	21.5	19.8	20,656	21.3	9,120	22.0
1927	34,061	25.5	20.6	23,835	25.7	10,226	25.2
1926	34,721	27.0	20.7	24,838	27.9	9,883	25.0
1925	29,301	23.7	21.5	20,076	23.6	9,225	23.9
1924	26,748	22.5	22.4	18,108	22.3	8,640	23.0
1923	23,221	20.4	22.2	15,614	20.2	7,607	20.8
1922	21,973	20.2	22.3	15,274	20.8	6,699	18.9
1921	22,074	21.2	24.2	15,211	21.8	6,863	19.9
1920	19,540	19.7	23.7	13,541	20.6	5,999	17.9
1919	18,653	19.5	22.3	12,863	20.5	5,790	17.6
1918	18,141	19.4	24.6	12,628	20.8	5,513	16.9
1917	17,921	19.6	24.7	12,701	21.6	5,220	16.1

By Counties, Florida, 1938

COUNTIES	TOTAL		WHITE		COLORED	
	Births	Rates	Births	Rates	Births	Rates
State	31,095	18.3	21,757	18.0	9,338	19.1
Alachua	762	20.3	407	19.8	355	21.0
Baker	149	19.4	110	18.6	39	21.7
Bay	474	23.9	407	24.8	67	19.7
Bradford	196	22.3	139	21.7	57	23.9
Brevard	223	14.7	134	12.9	89	18.5
Broward	554	22.3	272	16.6	282	33.6
Calhoun	234	26.0	191	26.2	43	25.3
Charlotte	40	10.6	31	10.2	9	12.2
Citrus	105	18.8	72	18.5	33	19.4
Clay	86	11.9	60	11.5	26	13.0
Collier	69	11.5	46	14.4	23	8.2
Columbia	375	23.9	232	24.2	143	23.4
Dade	3,395	16.6	2,592	15.7	803	20.2
DeSoto	182	21.7	155	22.5	27	18.0
Dixie	138	23.7	96	26.1	42	19.5

Florida, 1938—(Continued)
Births and Birth Rates per 1,000 Population, by Color, by Counties,

COUNTIES	TOTAL		WHITE		COLORED	
	Births	Rates	Births	Rates	Births	Rates
Duval	3,207	17.2	2,187	18.0	1,020	15.7
Escambia	1,377	23.7	1,092	25.2	285	19.3
Flagler	49	13.6	17	10.0	32	16.8
Franklin	120	17.9	89	19.8	31	14.1
Gadsden (Ex.)	645	23.9	229	20.8	416	26.0
State Hospital	4	0.9	4	1.4	0
Gilchrist	126	30.0	106	30.3	20	28.6
Glades	44	16.5	23	11.1	21	35.2
Gulf	143	46.2	94	47.3	49	44.3
Hamilton	241	24.3	148	25.1	93	23.3
Hardee	203	16.8	185	16.7	18	18.0
Hendry	84	22.1	60	19.4	24	34.3
Hernando	112	19.3	68	16.2	44	27.5
Highlands	195	16.3	132	15.3	63	18.5
Hillsboro	2,782	17.2	2,299	17.6	483	15.7
Holmes	346	22.5	334	23.0	12	13.3
Indian River	171	17.8	113	16.9	58	20.0
Jackson	869	23.3	524	22.2	345	25.2
Jefferson	276	20.3	64	16.0	212	22.1
Lafayette	107	25.2	90	24.3	17	31.5
Lake	491	15.8	344	15.5	147	16.5
Lee	364	21.3	308	22.3	56	17.0
Leon	622	21.9	237	20.6	385	22.8
Levy	250	18.9	166	21.3	84	15.6
Liberty	70	18.2	52	19.0	18	16.2
Madison	387	21.5	185	21.0	202	22.0
Manatee	360	15.5	238	13.9	122	20.0
Marion	590	18.8	286	17.5	304	20.3
Martin	69	13.0	34	9.7	35	19.4
Monroe	224	16.9	161	14.9	63	25.5
Nassau	181	19.8	100	17.4	81	23.8
Okaloosa	298	23.5	278	23.6	20	22.2
Okeechobee	53	15.2	45	16.2	8	11.6
Orange	943	14.9	728	14.9	215	14.7
Osceola	146	15.0	115	15.4	31	13.8
Palm Beach	980	18.2	602	16.9	378	21.0
Pasco	245	21.1	206	21.0	39	21.7
Pinellas	978	14.8	754	14.6	224	15.8
Polk	1,537	17.5	1,230	17.7	307	16.4
Putnam	366	19.9	220	21.2	146	18.3
St. Johns	326	18.6	198	16.9	128	21.9
St. Lucie	205	19.9	123	19.8	82	20.0
Santa Rosa	423	25.8	375	25.9	48	25.3
Sarasota	240	16.4	176	16.3	64	16.8
Seminole	363	15.0	160	13.3	203	16.6
Sumter	234	23.3	150	21.2	84	28.4
Suwanee	415	23.4	276	23.6	139	23.2
Taylor	199	17.9	141	19.1	58	15.6
Union	120	13.6	104	19.3	16	4.7
Volusia	695	12.6	456	12.2	239	13.4
Wakulla	105	16.4	64	16.8	41	15.8
Walton	262	19.0	229	19.8	33	14.9
Washington	271	20.4	214	21.0	57	18.4

State Committee to Keep Public Health From Being Used to Pay Political Debts

Continued from Page 7

State-Wide Public Health Committee, are behind the doctors and behind the public health officials. And that is where we are going to stay. The doctors and health officers should remember that—and so should the poli-

ticians. If they start slowing down or getting out of step, we are going to be right on hand to ask why and to give a little "push" if necessary. If the "push" comes to a "shove" we can do that too.

Off the Press!

**FLORIDA SCHOOL
HEALTH
PROGRAM**

a bulletin on

Plans for Improvement of Schools

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FLORIDA

HEALTH
NOTES

SYPHILIS CONTROL IN FLORIDA

VOL. 32 No. 2

FEBRUARY 1940

OFFICIAL PUBLICATION

STATE BOARD OF HEALTH

JACKSONVILLE, FLORIDA



PROGRESS

PAST—

Annual Social Hygiene Day is a fitting time for official health departments to take inventory of their venereal disease control programs. On this, the fourth such observance, the Florida State Board of Health can point with pride to progress made during the past year.

In 1939 the gains achieved by the State of Florida in its fight against syphilis kept pace with the progress in the nation-wide program. The Florida program has been proceeding according to the following well-thought-out plan:

1. Expansion of and improvement in existing diagnostic and treatment facilities.
2. Improvement in the laboratory facilities for the diagnosis of early syphilis.
3. Advancement of educational work.
4. Improvement in contact investigation and follow-up work in the various clinics throughout the State.
5. Improvement in the reporting of all the venereal diseases by physicians, hospitals and clinics.
6. Distribution of free anti-syphilitic drugs to physicians for the treatment of indigent and semi-indigent patients with syphilis.

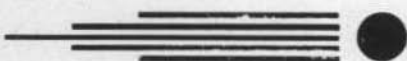
FUTURE—

While the accomplishments recorded in this issue of **HEALTH NOTES** is evidence that noteworthy advancement has been realized, there is still much to do if syphilis is to be controlled in Florida. That syphilis presents a public health hazard which should challenge every Florida community is borne out by statistics showing Florida with the highest syphilis death rate among 14 Southern states.

Outstanding needs in Florida are:

1. Continued and more extensive educational activities reaching all strata of society in every community.
2. Establishment of additional diagnostic and treatment facilities. Two-thirds of the counties in the state still have no clinics for the treatment of indigent and medically indigent patients and are still without a full-time health department.
3. Improvement and de-centralization of existing facilities so that residents of rural as well as urban areas may have ready access to treatment.
4. More and better contact investigation, and follow-up work, especially on cases of early syphilis.
5. More local and state funds to continue the work, which has already been started. None of the \$38,000 appropriated by the last Florida legislature for venereal disease control has been forthcoming. Unless local matching funds are raised, federal funds are withdrawn.

A. B. McCREARY, M. D.
State Health Officer.



FLORIDA HEALTH NOTES

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Florida Syphilis Control Program Sets Remarkable Record During Past Year

L. J. HANCHETT, M. D.

Director, Division Venereal Disease Control
FLORIDA STATE BOARD OF HEALTH

Clinics increase from 40 to 67 . . . State laboratories employ larger personnel, purchase new equipment . . . number of cases reported by private physicians and clinics doubles . . . as do number of patients treated

IN January 1939 there were 40 public clinics in the state for the diagnosis and treatment of syphilis patients. During the year the number of such clinics has increased steadily each month, until in January 1940 there are 67.

The clinics are operated under the jurisdiction of the various full-time county and city health departments, and financed largely from Federal and State funds. They provide free diagnosis and emergency treatment to all patients who apply; free diagnostic and treatment facilities to all patients referred by private physicians, either for continued treatment or for consultative advice and opinion and all patients unable to afford private medical care.

During the past year the total number of syphilis patients receiving treatment in the various clinics has increased from 4,560 in January to 8,360 in December. This of course, does not mean that there are more cases of syphilis now than previously, however it does indicate that more and more people are coming under treatment and that fewer of them are being neglected. A study of the accompanying, (graph Fig. 1, page 22) will show the continually increasing case load of syphilis patients being treated in the clinics of the state.

Laboratory Facilities

The laboratories of the State Board of Health and its various branches have for a number of years been doing serological tests on blood specimens sent in by physicians, hospitals and clinics all over the state for the diagnosis of syphilis. The number of such specimens sent in has been increasing each month during the year and it has been necessary to increase personnel and to purchase more modern equipment to carry the load.

During the past year darkfield equipment has been installed in the central laboratory at Jacksonville, and in each of the branch laboratories at Miami, Tampa, Tallahassee and Pensacola. In all of these laboratories trained personnel is available to make proper darkfield examinations on material sent in by physicians, or clinics to determine the presence of the *treponema pallida*. In addition to this the laboratories in Jacksonville, Miami and Tampa are equipped to do direct darkfield examinations on male patients with suspected early syphilitic lesions.

This is a very definite forward step by our State Laboratories and provides a valuable service to physicians and to the public throughout the state, by

enabling physicians to make an earlier and more accurate diagnosis of patients with primary and secondary syphilitic lesions. Much educational work remains to be done in order to familiarize physicians with the use and value of this service.

Educational Program

As the incidence of syphilis is much higher among the colored race, we have placed special emphasis on education work among this race. Our colored physician has been in the field continuously presenting lectures and moving pictures in the colored churches and schools over the entire state. More recently he started organizing local colored lay persons into Colored Auxiliaries to County affiliates of the State-Wide Public Health Committee. That his efforts have been worthwhile is evidenced by the fact that the colored people are gradually becoming more syphilis conscious, and many more of them are now seeking treatment in the early stages of the disease.

Other educational activities have included the distribution of informative literature on the subject to both colored and white patients through the offices of physicians and by the various clinics. In addition advantage is taken of every opportunity to present lectures and educational films to various civic organizations and professional groups.

As a result of this educational work more people now than ever before want to know the facts about syphilis and other venereal diseases, and the needless misery and economic loss they

cause. The public, as well as the physicians are becoming more syphilis conscious.

Epidemiological Work

One of the most important phases of venereal disease control is the adequate investigation of contacts of early cases and proper follow-up on delinquent patients. It is obvious that to treat only those cases, who voluntarily come into our clinics, or who, of their own accord present themselves to a physician for treatment, is not even scratching the surface. For this reason every effort has been made to improve this work in the various clinics.

Extra nurses were provided in all the County Health Units so that the full-time

of at least one trained public health nurse could be spent in tracing contacts of early cases and bringing them in for examination and treatment if found to be infected and in making home visits to delinquent patients, to persuade them to return for further treatment. Many of our full-time City Health Departments have also employed either nurses, or trained case workers to bring back delinquent cases, and to trace contacts.

While in many of our full-time County and City Health Departments the quantity and quality of the work accomplished has been disappointing, in others it has been encouraging and is accomplishing the desired results. In the full-time County Health Departments there were over three times as many home visits made to

SYPHILIS DEATH RATES PER 100,000 POPULATION FOR THE U. S. AND SOUTHERN STATES—1937*

States	Rates
U. S.	10.2
FLORIDA	27.2
Mississippi	22.0
Maryland	21.6
Louisiana	21.4
Alabama	16.9
Georgia	15.9
South Carolina	15.8
Virginia	14.4
Delaware	13.8
Tennessee	11.0
North Carolina	10.5
Texas	10.5
Arkansas	9.0
Kentucky	6.0

Syphilis is the contributing cause of many deaths attributed and recorded as some other disease, such as heart, stillbirth, cerebral hemorrhage, etc.

*1937 is the latest year from which data is obtainable for the entire U. S.

delinquent cases and contacts during the past year, then during the previous year.

Reporting of Cases

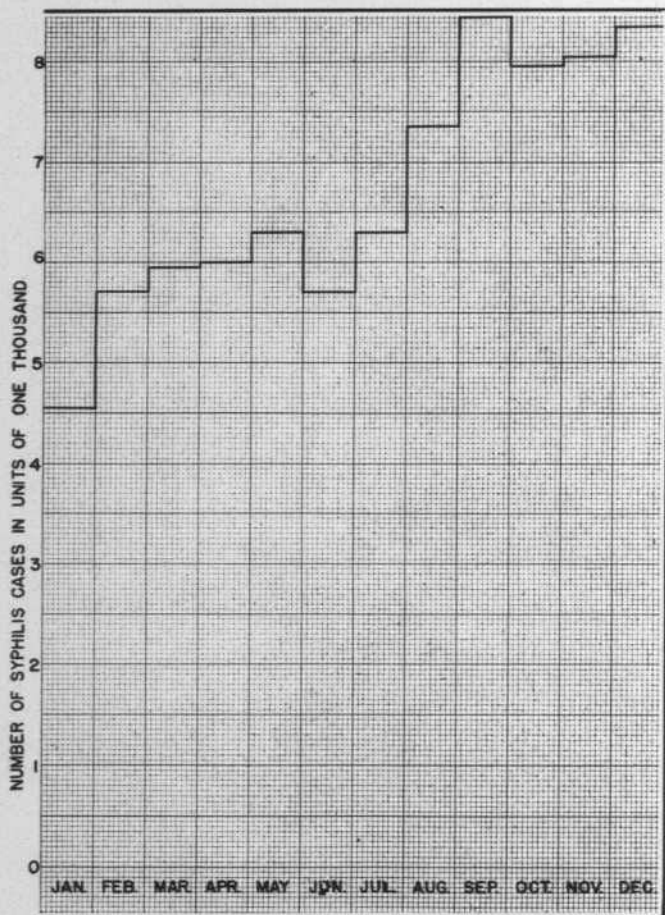
The laws of Florida require that any physician, who makes a diagnosis in, or treats a case of venereal disease, or any superintendent or manager of a hospital dispensary, or charitable, or penal institution in which there is a case venereal disease, shall make

a report of such case to the Health Authorities on a special form provided by the State Board of Health for this purpose.

The prompt and accurate carrying out of this procedure is absolutely necessary to enable local and State Health authorities to know the extent of the venereal disease problem and to enable them to accumulate valuable statistical data as to the prevalence in various localities, in various race

Figure 1

Total Number Of Syphilis Patients Receiving Treatment In Clinics In Florida By Months During 1939



NOTE: Increase does not indicate greater prevalence of disease. It means more cases are being discovered and placed under treatment of reputable physicians and clinics.

groups and in various age groups. It is especially important in the reporting of venereal diseases for the physician to include the address, age, race, and sex of the infected individual as well as the stage of the disease.

With the beginning of the new fiscal year, renewed efforts have been put forth by the Division of Venereal Disease control as well as, by the various full-time County and City Health Departments to obtain better and more complete reporting of venereal disease patients by physicians, clinics, and hospitals. The response by all, to these efforts has been very gratifying and it has been observed that most physicians really are anxious to cooperate in every way with our program and they now except as a matter of course the responsibility of reporting promptly to the proper health authorities each new case of venereal disease coming under their care.

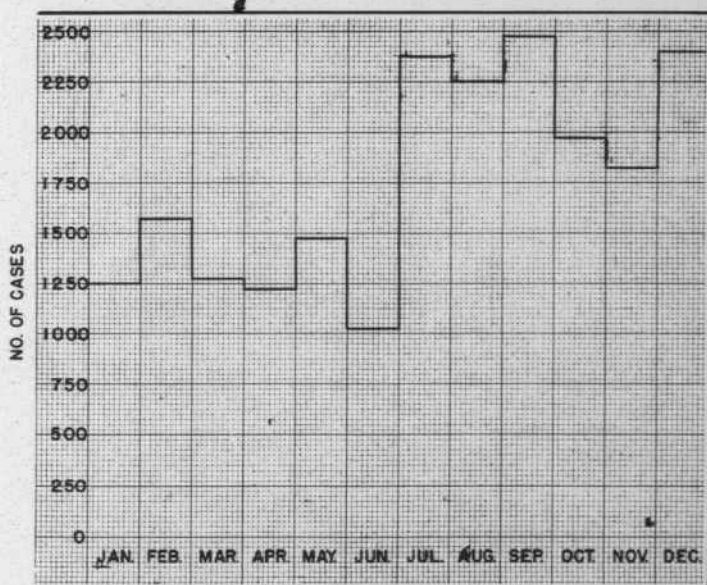
The accompanying graph, Fig. II, page 23, will show the total number of syphilis cases reported each month during 1939. Properly interpreted, this does not mean that there are more cases of syphilis now than previously, but that physicians, as well as hospitals, are reporting better and that more patients, who have the disease are being diagnosed and treated.

Distribution of Drugs

The State Board of Health furnishes free anti-syphilitic drugs to physicians throughout the State for the treatment of indigent and semi-indigent patients. Further interesting evidence of gains made in the control of this disease is shown by the study of the amount of such drugs dispersed each month during the past year.

In January 1939 there were 671 doses of anti-syphilitis drugs distribut-

Figure 2
Number Of Syphilis Cases Reported Per Month Florida—1939



NOTE: Increase does not indicate greater prevalence of disease. It means more cases are being reported by physicians and clinics.

ed free to private physicians in this state. During each month of the past year this number has continually shown a marked increase, and during the month of December 1939, 4,379 doses of drugs were given out to physicians for the treatment of patients with syphilis.

These figures would seem to indicate that the total number of syphilis patients being treated by physicians over the state has increased markedly during the past year and is further evidence of results obtained by extensive educational activities. To maintain the same degree of progress during 1940 these educational activities must be increased.

Clinics In Florida

The following public clinics offer free diagnostic service and emergency treatment for syphilis and gonorrhea to all persons who apply. They treat these diseases for all indigents. Decision of what constitutes indigency rests with local Medical Society or County Welfare Board:

Apalachicola (Franklin-Gulf County Health Dept.), Apopka (Orange County Health Dept.), Baldwin (Duval County Health Dept.), Bartow (Polk County Hospital), Belle Glade (Palm Beach County Welfare Dept.), Boca Raton (Palm Beach County Welfare Dept.), Century (Escambia County Health Dept.), Clearwater (Pinellas County Health Dept.), Clermont (Lake County Health Dept.), Crawfordville (Wakulla County Health Dept.), Delray (Palm Beach County Health Dept.), Eustis (Lake County Health Dept.), Ft. Lauderdale (Broward County Health Dept.), Gainesville*, Gibson (Gadsden County Health Dept.), Graceville (Jackson County Health Dept.), Greensboro (Gadsden County Health Dept.), Groveland (Lake County Health Dept.), Havana (Gadsden County Health Dept.), Hollywood (Broward County Health Dept.), Jacksonville*

*Does not make monthly clinic report to State Board of Health.

YOUR

The campaign against syphilis needs the help of every Floridian if it is to succeed.

YOU, as an individual and as a citizen can learn the facts about the disease, arming yourself with knowledge.

You can stand strongly for wise control measures proposed for the safeguarding of your community.

You can help obtain and support laws designed to stop the spread of syphilis.

Your initiative can be an important element in the organization of a plan of defense and offense against this "king of killers."

YOUR CLUB or society, whatever its special interests, can give essential aid to the syphilis control movement.

HELP

Your club or society can arrange a special Social Hygiene Day program to interest and inform your members and rally them to the cause.

Your club can include study of syphilis as a disease and an important public health problem in your annual plan of work.

You can advocate and support necessary appropriations and official programs and authority for the control of the disease, and hold a watching brief for the administration of such funds and measures.

You can aid and support health departments, medical societies, social hygiene associations and lay committees in their efforts to bring syphilis under control.

IS

The following questions will help you evaluate your town's present control program—

Does your town or county have a trained public health staff that knows how to deal with syphilis?

Does your State require reporting and follow-up on all cases of syphilis?

Are patients in your town assured of good syphilis treatment even if they cannot afford to pay?

Do physicians and clinics in your town take advantage of free laboratory services of State Board of Health for blood tests?

Does your town or county distribute free antisypilitic drugs furnished by the State Board of Health to all physicians and clinics?

Is every expectant mother required to have a blood test in your State?

NEEDED

Are medical certificates, including a blood test for syphilis, required before marriage in your State?

Does every complete physical examination given in your town include the blood test?

Has your town an educational program aimed at age groups most frequently acquiring syphilis?

First National Social Hygiene Day—five hundred meetings held all across the land on February 3, 1937.

Second National Social Hygiene Day—three thousand meetings from Maine to California on February 2, 1938.

Third National Social Hygiene Day—five thousand meetings in every state in the Union on February 1, 1939.

Fourth National Social Hygiene Day—February 1, 1940—Let's make it bigger and better than ever.

(Duval County Welfare Dept.), Jacksonville (Brewster Hospital), Jacksonville (Duval County Health Dept.), Jacksonville Beach (Duval County Health Dept.), Key West (Monroe County Health Dept.), Lakeland (City Health Dept.), Leesburg (Lake County Health Dept.), Lynn Haven (Bay County Health Dept.), Marianna (Jackson County Health Dept.), Miami (Dade County Hospital), Miami (2 clinics) (City Health Dept.), Molino (Escambia County Health Dept.), Mt. Dora (Lake County Health Dept.), Orlando (City Health Dept.), Orlando (County Health Dept.), Pahokee (Palm Beach County Welfare Dept.), Panama City (2 clinics) (Bay County Health Dept.), Pensacola (Escambia County Health Dept.), Perry (Taylor County Health Dept.), Plant City (Hillsborough County Health Dept.), Pompano (Brevard County Health Dept.), Port St. Joe (Franklin-Gulf County Health Dept.), Punta Gorda (City Health Dept.), Quincy (Gadsden County Health Dept.), River Junction (Gadsden County Health Dept.), Riviera (Palm Beach County Welfare Dept.), Safety Harbor (Pinellas County Health Dept.), Sneads (Jackson County Health Dept.), Sopchoppy (Wakulla County Health Dept.), Steinhatchee (Taylor County Health Dept.), St. Petersburg (2 clinics) (City Welfare Dept.), Stuart (Voluntary Private), Tallahassee (Leon County Health Dept.), Tampa, (City Health Dept.), Tampa (Hillsborough County Health Dept.), Tampa (County Welfare Dept.), Tarpon Springs (Pinellas County Health Dept.), Tavares (Lake County Health Dept.), Umatilla (Lake County Health Dept.), West Palm Beach (City Health Dept.), West Palm Beach (Palm Beach County Welfare Dept.), Wewahatchka (Franklin-Gulf County Health Dept.), Winter Garden (Orange County Health Dept.), Winter Park (Orange County Health Dept.).

Two Kahn Tests Done on Blood Specimen Sent to State Laboratories

J. N. PATTERSON, M. D.

Director

STATE BOARD OF HEALTH LABORATORIES

THE Kahn standard three tube test and the Kahn presumptive test are performed on every specimen of blood or spinal fluid submitted to State Board of Health laboratories for a serologic test for syphilis. However, only one report is given which is based chiefly on the result of the standard test. The Kahn tests are run in the central laboratory in Jacksonville and our two branch laboratories located in Miami and Tampa.

The presumptive test is more sensitive than the standard test due to the fact that a more sensitive antigen is employed. It is so sensitive that an occasional false positive result is obtained so that in our work the presumptive test is used chiefly as a technical check on the standard test and as an additional criterion in establishing the absence of syphilis. A positive or doubtful report is never given in case of a strong positive presumptive test and a negative standard test. In such instances the test is repeated provided enough serum remains and, if not, another specimen is requested before giving a report.

In some laboratories the presumptive test is used as a screen test and the standard test is only performed on those specimens giving a positive presumptive test. However, the State Board of Health laboratories do both tests on each specimen, for although in the majority of cases the presumptive test is more sensitive than the standard test an occasional case is encountered in which the presumptive test is negative and the standard test is positive.

There is a logical reason for this phenomenon but space does not permit an explanation at this time.

If the presumptive test were used solely as a screen test those occasional cases of syphilis mentioned above would be missed. However, in the majority of specimens the results of the two tests agree. When they do not check the test is repeated or supplementary tests using different antigen suspension-serum ratios are performed. In other words we rely chiefly on the standard 3 tube test for our reading and use the presumptive test chiefly as a technical check and as an additional criterion in establishing the absence of syphilis.

Our central laboratory entered the National Evaluation Study of Serodiagnostic Tests for Syphilis conducted by the U. S. Public Health Service and American Society of Clinical Pathologists in 1938 and 1939. In both instances our laboratory was approved. We are now in the midst of the 1940 National Evaluation Study, the result of which will not be known until late summer. In the two completed evaluation studies we have a record of 100% specificity—in other words we have had no false positive reactions.

An attempt was made to include the Tampa and Miami branch laboratories in the National Evaluation Studies but the U. S. Public Health Service informed us that only one laboratory per state is eligible. Consequently, because more Kahn tests are performed in our central laboratory than either of the two branch laboratories we

chose the central laboratory as the participant in the National Study.

However, a separate evaluation study of our branch laboratories and also of our central laboratory is carried out monthly with the cooperation of Dr. Kahn's laboratory at the University of Michigan. In this study a number of specimens of sera are each divided into 4 equal portions. One portion of every specimen is sent to each branch laboratory, one to Dr. Kahn's laboratory and the other retained in the central laboratory. The Kahn standard test and the Kahn presumptive test are performed on these specimens by all the above laboratories on the same

day. The reading of each tube of the standard 3 tube and presumptive tests along with the final reading are recorded on each specimen. The results of this study show that the readings and interpretation of the readings of our three laboratories and Dr. Kahn's laboratory are almost identical.

These results should not be surprising since two serologists in each State Board of Health laboratory have had special training under Dr. Kahn and his Chief Serologist, Miss Elizabeth McDermott. Strict adherence to even the most minute detail of the test as laid down by the author is our aim.

HEMOLYSIS

What are we going to do about the problem of hemolysis of blood specimens submitted for the Kahn test? What can the laboratory do about it? What can the physician do?

The laboratories of the State Board of Health do perform the Kahn test on a hemolyzed specimen if it appears at all possible that an accurate reading can be obtained. If the results are not clear cut after performing the test, the specimen is then reported as hemolyzed. However, some specimens are so badly hemolyzed and decomposed that it is useless to perform the test. All specimens when they arrive at the laboratory are put in the refrigerator or the serum is separated from the clot so that little if any hemolysis takes place in the laboratory.

If every physician will follow in detail all the suggestions set forth in, "Precautions against hemolysis", there will be very few reports of "specimen hemolyzed". It has been demonstrated in actual practice that if all these suggestions are carried out in detail very little if any hemolysis results.

PRECAUTIONS AGAINST HEMOLYSIS

1. COLLECT THE BLOOD IN THE MORNING BEFORE THE PATIENT HAS HAD BREAKFAST OR JUST PREVIOUS TO OTHER MEALS. This prevents the serum from being clouded with chyle which interferes with the reading of the Kahn test.
2. BE SURE THAT THE SYRINGE AND NEEDLE ARE PERFECTLY CLEAN AND DRY. The syringe and needle used in obtaining blood for a Kahn test should never be used for medicinal injections and especially injections of heavy metals or oily suspensions. This avoids precipitates, scales, etc., which interfere with our reading of the test.
3. IF THE SYRINGE AND NEEDLE ARE NOT PERFECTLY DRY THEN RINSE THEM IN A PHYSIOLOGICAL SOLUTION OF SALINE—not a NORMAL solution of saline. Even a drop of water or alcohol may cause hemolysis.
4. ALLOW THE TUBE CONTAINING THE BLOOD TO STAND IN A SLANTED POSITION AT ROOM TEMPERATURE UNTIL THE BLOOD CLOTS (1-3 hours) AND THEN STORE IT IN THE REFRIGERATOR UNTIL MAILING.
5. FORWARD SPECIMENS TO THE LABORATORY PROMPTLY AND BY THE QUICKEST ROUTE. Samples should reach the laboratory soon after collection as aging of the specimen is one of the commonest causes of hemolysis. It is better that specimens do not reach the laboratory over the weekend.
6. REMOVE THE NEEDLE FROM THE SYRINGE BEFORE EMPTYING THE CONTENTS INTO THE STERILE KAHN TUBE SUPPLIED BY THE LABORATORIES OF THE STATE BOARD OF HEALTH AND EXPEL CONTENTS OF THE SYRINGE AS SLOWLY AS POSSIBLE. This helps to prevent mechanical breakdown of the red corpuscles.
7. When the patient's red blood cells fragment more easily than normal, the serum can be poured off after the clot forms and this serum sent to the laboratory.

Nine More States Passed Pre-Marital Examination Laws, Bring Total to 19*

BASCOM JOHNSON

Associate Director in Charge of Legal and Protective Measures,

AMERICAN SOCIAL HYGIENE ASSOCIATION

Nineteen states now require both applicants for marriage licenses to present medical certificates . . . object is to protect marriage and the lives of unborn babies . . . even greater progress made in pre-natal examination legislation

NINETEEN thirty-nine was a big year in social hygiene legislation. Nine states: California, Colorado, Indiana, North Carolina, North Dakota, Pennsylvania, South Dakota, Tennessee and West Virginia passed pre-marital examination laws for both sexes this year and similar bills failed to pass in four or five other states. This represents nearly as much legislative activity in this field as had taken place in the previous 26 years. There are now nineteen states which require both applicants for marriage licenses to present medical certificates to their licensing authorities. These certificates are based in every case upon an examination which includes a blood test for syphilis.

This enumeration does not include the laws in four other states which require a medical certificate, now considered rather futile because they apply only to the male applicant and do not specify a blood test for syphilis even from him. Nor are there included in this summary the laws of seven additional states which prohibit marriage of persons with venereal diseases or require a personal affidavit of

freedom from venereal diseases, but do not specify an examination.

Still more spectacular progress was made this year in the passage of pre-natal examination laws. Prior to 1939 only three states (New York, New Jersey, and Rhode Island) had such laws. By September 1st, 1939, 14 additional states — California, Colorado, Delaware, Illinois, Indiana, Iowa, Maine, Massachusetts, Michigan, North Carolina, Oklahoma, Pennsylvania, South Dakota, and Washington had passed them and similar bills failed to pass in four other state legislatures.

These prenatal examination laws require physicians or midwives in attendance upon pregnant women to take or cause to be taken promptly specimens of blood of every such woman for submission to approved laboratories for testing for syphilis.

The laws are generally popular and respected. The state health officers in the states where they exist are unanimously in favor of retaining them and few if any cases of injustice have come to light in the short period since their passage.

Syphilis Can Be Cured

Easier to cure if treatment is started early.

. . . persons under continuous treatment are non-infectuous except as marital partners. . .

NEARLY every case of syphilis can be cured, if treatment is begun during the first six months of the disease. Old syphilis is more difficult to cure. But treatment will prevent the disease from getting any worse. Even brain and other nervous system syphilis can be helped by good treatment.

A person with syphilis cannot transmit it to another person through an ordinary occupation after he has had three consecutive intravenous injections of an arsenical preparation at the rate of one injection per week. No one should lose more than two weeks time from any type of work on account of syphilis and in many kinds of work, there is no reason for him to lose any time. On the other hand, a person with syphilis should not contemplate marital relations until he has continued treatment under a reputable physician or clinic for at least one year.

A person can contract syphilis from another person only when there is an open sore such as a chancre or mucous patch.

Syphilis less than 4 years old requires 70 shots. Thirty shots of an arsenic compound are put in the arm. This kills the spirochete germ but leaves the person healthy. Forty shots of a bismuth compound to prevent relapse are put in the hip. These treatments must be given at the rate of one shot a week right straight through for 70 weeks, with no rest periods.

After a few shots all the outward signs of the disease will disappear. Even the blood test may fail to show syphilis. Nevertheless, full treatment is needed or else the disease will come back.

With this treatment the cure for

syphilis is more certain than the cure for any other serious disease.

Syphilis can be passed from the mother to the child in the womb. Five times out of six, untreated mothers will have abortions, miscarriages, dead babies, or living syphilitic children. This tragedy is almost entirely unnecessary. Proper treatment begun before the fifth month of pregnancy will help both mother and child.

Women usually do not know when they have a chancre because of the arrangement of their sex organs. Hence, every woman must visit a doctor as soon as pregnancy is suspected. Every woman must insist upon a blood test early in each pregnancy. It is protection for her baby. Treatment begun after the fifth month will save only three children out of five.

There are four stages of syphilis:

Stage 1—In the first stage a sore appears. The sore is called a hard chancre, pronounced "shanker." This sore appears at the point where the germ enters the skin, 10 days to 3 weeks later. The sore may be a small pimple, a blister, or a large open ulcer. Sometimes there are several sores.

Of course, all sores are not due to syphilis. One cannot tell by looking at a sore that it is caused by syphilis. The laboratory looks for the syphilis germ under a dark-field microscope. This is the only sure way of learning whether a sore is due to syphilis.

The blood test won't find syphilis in the early days of this first stage.

Lucky is the man who goes to the doctor at the first sore. Medicine put on the sore may make the sore disappear, but it will not cure the disease.

Stage 2.—Two cases out of three have a second stage. This stage begins

3 to 6 weeks after the sore appears. One or more of these signs may appear:

A rash appears over the body. As a rule this does not itch and does not contain pus.

Small white sores appear in the mouth, on the inside of the cheeks, on the tongue, gums, and tonsils. These look like fever blisters or cold sores.

There may be loss of hair.

There may be sore throat and fever.

The blood test will always find syphilis in this stage.

Stage 3.—Many persons have syphilis but do not know it. There may be no signs on the outside, no pains inside. Only the blood test will show that the germ is still at work. This

hidden stage of syphilis comes to those who have not been treated or to those who have not had enough treatment.

Stage 4.—Five years, 10 years, or even 20 or 30 years later, syphilis reappears. Syphilis reappears as heart disease, insanity, loss of power to control the legs, blindness, and other conditions. So well does syphilis mimic other diseases that even a doctor may sometimes fail to suspect that disability or death was caused by syphilis.

Even at this late stage, prompt treatment will stop these conditions—although it may not entirely cure them. Prompt treatment may prevent death or crippling. Many persons in this stage do not know they have syphilis. That is the reason everyone should have a blood test every year.

REMEMBER THESE FACTS ABOUT SYPHILIS

1. Have a blood test every year.

2. Visit a doctor as soon as syphilis is suspected. Do not go to the quack or the drug store.

3. Treatment for early syphilis consists of 70 shots, given straight through, 1 a week. There must be no rest periods between treatments. If treatment is not completed syphilis may return in a form harder to cure.

4. The spinal fluid must be examined during treatment. This tells the doctor whether the brain and spinal cord are infected.

5. Every pregnant woman must have a blood test. If syphilis is found, treatment must be given promptly to insure the birth of a baby free of syphilis.

6. A person with syphilis cannot transmit it to another person via the ordinary pursuits of occupation after he has had three consecutive injections, at the rate of one per week, of an arsenical preparation.

7. No person should lose more than two weeks from work on account of syphilis, and in some occupations no time need be taken off at all.

8. A person with syphilis who has been under continuous treatment for a period of one year may contemplate marital relationship if his doctor advises it is safe.

9. A positive blood test is no indication that the person is infectious. In the absence of open sores there is no possibility of transmitting syphilis except (1) an untreated mother giving it to her unborn child (2) through sexual relationship.

Syphilis Is A Great Killer

Over 100,000 persons die each year from syphilis.

40,000 persons die each year because of syphilitic heart disease.

25,000 babies die each year from syphilis.

10,000,000 persons now have or have had syphilis.

1 in 10 cases of insanity is due to syphilis.

1 in 7 cases of blindness is due to syphilis.

But these serious results can be prevented by prompt, continuous, sufficient, and competent treatment. See your doctor for examination and treatment.

BUREAU OF VITAL STATISTICS

Syphilis Deaths and Death Rates per 100,000 Population, by Color, by Counties
Florida, 1938.

State Board of Health

EDWARD M. L'ENGLE, M.D., Director

COUNTIES STATE	TOTAL		WHITE		COLORED	
	Deaths 440	Rates 25.9	Deaths 101	Rates 8.4	Deaths 339	Rates 69.2
Alachua	12	32.0	3	14.6	9	53.3
Baker	0	—	0	—	0	—
Bay	4	20.2	2	12.2	2	58.8
Bradford	0	—	0	—	0	—
Brevard	5	32.9	1	9.6	4	83.3
Broward	8	32.3	1	6.1	7	83.3
Calhoun	1	11.1	1	13.7	0	—
Charlotte	1	26.5	0	—	1	135.3
Citrus	0	—	0	—	0	—
Clay	0	—	0	—	0	—
Collier	0	—	0	—	0	—
Columbia	11	70.1	1	10.4	10	163.9
Dade	56	27.4	15	9.1	41	103.0
DeSoto	1	11.9	1	14.5	0	—
Dixie	3	51.4	0	—	3	139.4
Duval	37	19.9	7	5.8	30	46.2
Escambia	8	13.8	1	2.3	7	47.3
Flagler	1	27.8	0	—	1	58.8
Franklin	0	—	0	—	0	—
Gadsden (Ex)	5	18.5	0	—	5	31.3
State Hosp.	66	1,546.4	17	615.5	49	3,253.7
Gilchrist	0	—	0	—	0	—
Glades	0	—	0	—	0	—
Gulf	1	32.3	0	—	1	90.3
Hamilton	1	10.1	0	—	1	25.0
Hardee	0	—	0	—	0	—
Hendry	0	—	0	—	0	—
Hernando	2	34.5	2	47.6	0	—
Highlands	2	16.7	0	—	2	58.8
Hillsboro	44	27.2	14	10.7	30	97.7
Holmes	1	6.5	1	6.9	0	—
Indian River	1	10.4	0	—	1	34.5
Jackson	6	16.1	0	—	6	43.8
Jefferson	3	22.1	0	—	3	31.3
Lafayette	0	—	0	—	0	—
Lake	10	32.2	0	—	10	112.4
Lee	0	—	0	—	0	—
Leon	8	28.2	0	—	8	47.3
Levy	7	53.0	0	—	7	129.6
Liberty	0	—	0	—	0	—
Madison	1	5.6	0	—	1	10.9
Manatee	5	21.6	3	17.5	2	32.8
Marion	10	31.9	2	12.3	8	53.3
Martin	2	37.7	1	28.6	1	55.6
Monroe	2	15.1	0	—	2	80.9
Nassau	4	43.7	0	—	4	117.8
Okaloosa	0	—	0	—	0	—
Oksechobee	0	—	0	—	0	—
Orange	13	20.5	4	8.2	9	61.6
Osceola	5	51.4	1	13.4	4	178.6
Palm Beach	27	50.3	5	14.0	22	122.2
Pasco	1	8.6	0	—	1	55.6
Pinellas	15	22.8	7	13.5	8*	56.3
Polk	19	21.6	4	5.8	15	80.2
Putnam	2	10.9	0	—	2	25.0
St. Johns	3	17.1	0	—	3	51.3
St. Lucie	2	19.4	0	—	2	48.8
Santa Rosa	2	12.2	1	6.9	1	52.6
Sarasota	2	13.7	0	—	2	52.6
Seminole	2	8.3	0	—	2	16.4
Sumter	1	10.0	0	—	1	33.8
Suwannee	2	11.3	0	—	2	33.3
Taylor	2	18.0	0	—	2	53.7
Union	1	11.4	0	—	1	29.4
Volusia	10	18.1	5	13.4	5	27.9
Wakulla	0	—	0	—	0	—
Walton	1	7.2	0	—	1	45.2
Washington	1	7.5	1	9.8	0	—

Jerry Learns a Lesson



Many persons are victimized by quack doctors and other fakers who advertise quick cures for syphilis and gonorrhea.



Only qualified physicians can properly diagnose and treat these diseases. Good doctors do not advertise.



Beware the quack and his fake remedies. His sole interest is money — not health. Avoid patent medicines and home remedies.



Obtain the names of reliable doctors from medical societies, health departments or hospitals.

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FLORIDA

HEALTH NOTES

HEALTH UNITS IN ACTION

VOL. 32 No. 3

MARCH 1940

OFFICIAL PUBLICATION

STATE BOARD OF HEALTH

JACKSONVILLE, FLORIDA

Florida's

First Healthmobile

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- ¶ The Hillsborough County Health Unit points with pride to the year 1939 as an extremely eventful year. A community, appreciative of the efforts of such an organization as ours, responded to the extent of personal sacrifice to further the work of this department. Outstanding of their many accomplishments was the materialization of our "Healthmobile", a project sponsored by the Hillsborough County Health Unit Auxiliary (affiliated with the State-Wide Public Health Committee) and made possible by public contributions. This is a splendid demonstration of what an alert community cognizant of their health needs can accomplish. We, in the department, owe a personal debt of gratitude to those persons who made the accomplishment of this project possible.
- ¶ In a county as large as Hillsborough in area (1,067 square miles) and population (65,000 exclusive of the City of Tampa), the accessibility of our services becomes a problem of major importance. It becomes our duty as public servants to administer our programs in such a manner that the majority of indigents, even in remote sections, are reached with the maximum of efficiency, consistent with our limited finances. The "Healthmobile", a clinic on wheels placing special emphasis on control and treatment of syphilis will go a long way towards accomplishing this goal.
- ¶ The establishment of a Child Guidance Clinic, in cooperation with the school authorities in November 1939, was a much needed spoke in our wheel of child health programs. This clinic, under the direction of two psychiatrists, will undoubtedly prove of inestimable value to the community, as well as to those served. The development of this phase of the child health program is meritorious of close observation by those interested.
- ¶ Our many activities, in the past years, have been hampered to some degree by the lack of personnel, especially, in our Nursing Division. However, with continued community support, expansion of the State-Wide Public Health Committee, and with the coordination and cooperation of other existing health agencies, we are looking forward to 1940 for the adequate manning of our local Unit and the building of more efficient health programs.

J. S. SPOTO, M. D., Director,
Hillsborough County Health Unit.

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*Editor's Note: Every health unit that submitted an article is represented. Due to limited size of this bulletin some manuscripts had to be shortened considerably.

HON. FRED P. CONE, Governor of Florida

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"The full-time local health unit is the most efficient, economical and satisfactory form of protection for the health of the people. The State Board of Health is directing every resource at its command to encourage establishment of this type of service in each of the remaining 48 Florida counties not now served by Units."—A. B. McCreary, M. D., State Health Officer.

Taylor Sets Enviably Record of "No Maternity Deaths"

C. A. O'QUINN, M. D.

Director

TAYLOR COUNTY HEALTH UNIT

Lumber companies, interested citizens make new health center possible. . . . well rounded program is carried on by Florida's oldest health unit

A NEW HEALTH CENTER has been established at Shady Grove, due to the generosity of lumber companies who donated material, a prominent citizen who donated the land, and the county commissioners who donated \$100. Labor was furnished by the men of Shady Grove.

Maternity clinics were held each week at the Health Unit in Perry and at the new health center. Nursing visits were made to antepartum and postpartum cases. The Red Cross Loan Closet was in constant use and a number of layettes were given to expectant mothers. Midwife meetings were held each month and demonstration given. Home visits were made for midwife supervision.

No maternal deaths were reported to the health department this year.

Weekly clinics were held for infant and preschool children. All mothers were urged to bring their babies for diphtheria immunization at the age of six months and have all preschool children immunized before entering school. Thorough physical examinations were given to all school children, both white and colored. Tonsil and dental clinics were held for indigent children.

Talks on various phases of public health were made and several films on tuberculosis, syphilis, communicable diseases and sanitation were shown. Since the health department has gone to the schools with their health education program, it is surprising to note

the interest and cooperation of both children and teachers.

Venereal disease clinics were held each week. Two cases completed the recommended series of treatment and were discharged as cured. A check will be kept on these cases.

One of the major activities of the year was the tuberculosis survey. This survey included tuberculin testing of school children and teachers, WPA sewing room employees and other WPA employees. All positive reactors, contacts and suspects were X-rayed.

Six tuberculosis cases, three white and three colored, were reported to the health department. No provisions have been made to send the colored cases to the sanatorium, but they are visited by the nurse and given instructions as to their care.

Two of the white cases are in the state sanatorium in Orlando. The other case was found to be too far advanced to be admitted. A burr cottage will be built for this patient.

A very active sanitation program has been carried out this year. Routine inspections of camp sites, bottling plants, private premises, schools, public water supplies, public buildings, food-handling establishments, dairies, etc., were made.

The sanitary officer assisted the American Legion, city and WPA officials in securing a project for a swimming pool in Perry.

The Malaria Control Project has been continued throughout the year. On one river, 25 miles were cleared of fallen trees and debris and on another, the sides were improved to prevent weed growth which slows the water flow and permit anopheline

breeding. In addition, an especially bad malaria mosquito breeding pool inside Perry city limits was filled in with a home-made suction dredge provided through cooperation of city officials and health department. *No deaths from malaria were reported in 1939.*

Lake County Makes Motion Picture of Its Activities - -

HARRY B. SMITH, M. D.

Director

LAKE COUNTY HEALTH UNIT

Two-year-old unit has been attacking worst problems first. . . . general survey being completed preparatory to mapping well-balanced program over period of years

THE Lake County Health Department was established in July, 1938. Thus far the department has concentrated on those problems which seemed most pressing rather than attempt a general program covering minor as well as major public health problems. This seemed the logical course to pursue in view of the limited budget and personnel at the department's disposal.

A general survey of health conditions throughout the county has been underway for some time and is now nearing completion. This survey will serve as a basis for a much broader long-term program to be instituted when funds are provided upon an adequate basis.

From the beginning, the department has realized that no health program can be successful without the confidence and support of the people whom it serves. Therefore, the department has pursued an intensive educational program, concentrating for the most part, upon visual education. During

1937 the department purchased a camera and complete projector equipment. Photographs have been taken of activities dealing with all phases of the health program. These have been incorporated in 7,000 foot of film which was shown to 218 audiences comprising a total of 24,560 persons.

During 1939, two WPA Privy Projects were established. To date, 565 approved sanitary pit privies have been installed, replacing dilapidated and insanitary structures. Such a program will have far reaching effect in eradicating hookworm, typhoid and other gastro-intestinal infections. Hookworm cannot be completely eradicated, however, until every home is provided with an adequate and approved type of sewage disposal system.

An extensive malaria control program was initiated in sections where the need seemed most pressing. Drainage upon a permanent basis has been used, with a total of 20,000 feet of drainage ditch started. When the ditch is completed the sloping surfaces are

planted to grass which prevents soil erosion, thus minimizing maintenance cost.

Milk inspection has been carried on throughout the county. Also, inspection of public eating places, roadside stands, rest rooms, water supplies, and all trailer and tourist camps in the county.

An intensive program in syphilis and tuberculosis control has been started. It is estimated that there are at least 5,000 cases of syphilis in Lake County.

In order to provide adequate facilities for syphilis patients, treatment clinics have been established at strategic centers. At the present time the department is operating clinics at Tavares, Mt. Dora, Eustis, Umatilla, Leesburg, Groveland and Clermont. In the field of tuberculosis control the department has sponsored a tuberculosis case-finding program jointly with the Lake County Tuberculosis and Health Association and the State Board

of Health. The public response was most encouraging and to date approximately 1,000 individuals have been X-rayed, representing all sections of the county.

A total of 11,028 public health nursing visits were made in connection with Communicable Diseases, Venereal Disease Control, Tuberculosis Control, Maternity Service, Infant and Pre-School Hygiene, School Hygiene, Morbidity Service and Crippled Children Service. Plans have been laid for establishing at least two maternity clinics and two well-child conference clinics in the county. The midwives of Lake County attend well over 100 deliveries per year. These mothers receive, for the most part, no prenatal, postnatal or other medical care whatever. The new clinics will be designed to reach these mothers and their infants. An intensive program along this line throughout the state would have a far reaching effect in lowering the high maternal mortality rate.

Highlands County

This county, with a population of 10,912, has not had the benefit of full time organization for two years. Up until the districts were abolished October 1, 1939, the district health officer spent one day a week in the county as acting director. But starting February 1, 1940 Highlands County is to have a full time set up with Hendry County.

In the past the major activity was the reduction of incidence of hookworm and installation of sanitary pit privies where possible. In the two years, the hookworm infestation in schools was reduced 49 per cent. There has been a marked improvement in general sanitation in the county, particularly in regard to the dairies, due chiefly to constant inspection and suggestions for improvement made by the sanitarian, who has been on full time. Several of the smaller dairies are rebuilding completely, according to plans and specifications furnished by the U. S. Public Health Service.

C. W. PEASE, M. D., Director
Highlands County Health Unit.

No Deaths from Malaria Reported in Leon County

L. J. GRAVES, M. D.

Director

LEON COUNTY HEALTH UNIT

Continuous malaria control program cited as responsible for splendid record. . . . Maternity and syphilis clinics show large increase in attendance. . . . doctors and dentists cooperate

TYPHOID fever is practically "extinct" in Leon County, so is diphtheria. Not a single case of smallpox has occurred in the county since the opening of the Health Unit in 1931. Not a single death from malaria was reported in the county for 1939, which is probably the first on record. Malaria control and sanitation work were carried on consistently throughout the year.

The first colored syphilis clinic was held in October 1938, with six patients attending. By the end of 1939, 475 new cases had been admitted, with an average of 200 treatments weekly. During 1939, 2,400 Kahn tests were taken. Of this number 606 were positive. Thus, it will be seen that a large number of the positive cases do not register at the clinics for treatment, also that only about 50 percent come for treatment after registering.

A clinic for white syphilitic cases was begun in February 1939. At the end of the year the average attendance was about 25 each week.

White maternity clinics were held bi-monthly; 93 new patients were admitted, with 305 clinic visits. Six of these patients were sent to the hospital as emergency cases, with no fatalities.

Clinics for the colored maternity cases were held weekly, at which 402 new cases were registered, with 1149 clinic visits. Four cases were hos-

pitalized, two too late to save the mothers.

Six hundred and twenty births were reported for the year, of these 420 were delivered by midwives. More prenatals registered with the clinics than were reported by midwives.

Dentists give one hour each week to the correction of dental defects among white indigent school children. The Kiwanis and Lions Clubs provide all needy school children who have vision defects with glasses. Kiwanis sponsored tonsil clinics at which 48 children had tonsils removed.

Through funds contributed by the County, 6 tuberculosis patients were in the Sanatorium at Orlando throughout the year. The mobile X-ray unit of the State Board of Health made 1,878 X-rays of individuals.

Marion is the most recent county to ask the State Board of Health for a detailed survey of its health conditions. The first of several invitations for the survey is a resolution passed unanimously by the Health Conservation Committee of the Marion County Chamber of Commerce.

C. C. Bryant, chairman of the Chamber of Commerce committee is also Chairman of the Marion County affiliate of the State-Wide Public Health Committee. Announcement of his appointment has just been made by Edward M. Newald, Orlando, Chairman of that District, and John P. Ingle, Sr., State President.

Other members of the Chamber of Commerce Committee who lead the movement for the health survey are: Dr. T. H. Wallis, vice-chairman; I. A. Bowman, Dr. J. L. Chalker, S. E. Chiddix, E. P. Clark, Dr. R. C. Cumming, Dr. H. C. Dozier, Don T. Mann, George C. Pasteur, R. C. Tucker and Horace Smith, secretary of the Chamber, ex officio member.

U. S. Milk Ordinance Enforcement Stressed By Broward Health Unit

J. W. McMURRAY, M. D.

Director

BROWARD COUNTY HEALTH UNIT

Result is county has one of safest milk supplies in state or nation. . . . unit moves into larger quarters to care for heavy schedule of ante-partum and other conferences

AS a result of moving into the old County Court House, the Broward County Health Unit now has large and well-equipped clinic quarters to care for its heavy program of ante-partum, venereal disease and health certificate work. In addition to this, a new clinic-center has been opened in Pompano, making a total of three centers and five clinics a week.

The department of sanitation has concentrated on milk and the installation and operation of septic tanks and sanitary pit privies. Through strict enforcement of the U. S. Public Health Service Standard Milk Ordinance the county is now rated one of the highest in the state as far as its milk supply is concerned. Through cooperation with the Bureau of Animal Industry, the incidence of Bang's Disease in this county has been reduced from 35 percent to a new low, $\frac{1}{2}$ of 1 percent, over a four-year period.

A WPA Community Sanitation Project was organized under the supervision of the Health Department. During the past 18 months, 215 installations were made in rural sections. The Broward County Health Department has been fortunate in having many more septic tanks than privies installed during the year of 1939.

The department notes with pride the work being carried on in its midwife program. The 14 licensed and

registered colored midwives in the County who are completely under the department's control, bring their patients to the clinic centers each week to receive instructions. No midwife delivers a patient who has not attended the clinic.

Nearly all the white babies in the county are born in hospitals, the number being 285 last year, with only 45 white patients delivered by doctors in homes. In a combined total of 563 deliveries, including 17 still-births, there have been only two maternal deaths, one white and one colored. In cooperation with local civic clubs, three Well-Baby Stations, two for colored children and one for white, have been opened.

This year through the cooperation of the State Board of Health and the State Tuberculosis Sanatorium the Health Unit has effected a very satisfactory tuberculosis control program. Thirty-five indigent cases of the disease were under direct supervision. The contact of known cases investigated, totals 80 and of these, 7 new cases of active tuberculosis were discovered—8.75 percent, proving the efficiency of our case-finding methods. Of the contacts, there are 4 which are still being investigated as potential cases (suspected).

A County-Wide Public Health Com-

mittee has been organized, and Mr. Frank Stirling was elected Chairman. An active Hollywood branch of this

Committee has been caring for their own local health problems for the past year.

Well-Rounded Program Offered By Franklin-Gulf Unit

R. J. LAMB, M. D.

Director

FRANKLIN-GULF HEALTH UNIT

Emphasis on syphilis, maternity, tuberculosis and hookworm. . . . Much work also done to raise percentage of physical and dental corrections among school children. . . .

THE venereal disease program was one of the largest. Each week clinics were held in three locations, Apalachicola, Port St. Joe and We-wahitchka. 2,133 blood tests were done by the Health Unit. Out of this number 354 were positive. 7,434 visits were made to the clinics for blood tests, treatment and advice and 512 homes of delinquent cases and contacts visited.

The anti-tuberculosis program under the supervision of the State Board of Health Division of Tuberculosis has been an outstanding piece of work done by the Health Unit. Six people from these two counties have been patients in the Florida Tuberculosis Sanatorium. 87 field nursing visits have been made to the tuberculosis patients and contacts.

The immunization program is a continuous activity. Immunizations done are as follows:

Diphtheria	506
Schick	363
Smallpox	379
Typhoid	248

Other activities: 754 visits to 103 maternity clinics. Nurses made 250 visits to patients for health supervision and instructions in preparation for delivery.

Midwife supervision is an essential part of the maternity program. 43 visits were made by the nurses and 13 meetings held for this purpose.

493 visits made to infant and pre-school conferences and 573 visits by the nurse to the homes of this group.

892 school examinations done by Health Officer. Notices of defects found through these examinations sent to all parents. 273 visits made by the nurses in regard to these defects and their correction.

339 dental corrections done in the school group and 4 in the preschool. Dental care is an important part of the care needed for maternity cases. 41 maternity patients having dental defects were corrected.

60cc typhoid vaccine, 250cc toxoid, 100,000 units diphtheria anti-toxin, 54 ampules neoarsphenamine and 26 ampules silver nitrate furnished to private physicians.

Sanitation

278 privies installed in the two counties. 22 septic tanks installed.

259 privies restored to sanitary condition. 195 sewer connections made.

The hookworm infestation rate in this area is fairly high so R. G. Car-

ter, State Board of Health Parasitologist, came in to supervise an extensive hookworm eradication campaign. 1,545 persons were examined in Gulf County with 36% of them positive.

70 food-handling establishments

registered for supervision with 271 visits made. Water supplies were checked bacterially at least every three months. 927 field visits made to private premises, 107 visits to dairy farms and 349 visits to oyster houses.

One . . . Year of . . . Public Health

K. K. WAERING, M. D.

Director

DUVAL COUNTY HEALTH UNIT

Hookworm cases reduced 25% in one year . . . six syphilis clinics opened. . . servants and food handlers examined

EVERY county health unit has for its ultimate goal the development of a well-balanced public health program. The program of the Duval County Health Unit is not yet "well-balanced", since its services have been directed to those conditions where the greatest need was evident. Surrounding the large commercial city of Jacksonville, with a city health department of long-standing, an active Tuberculosis Association, and various charitable organizations performing different types of welfare and health work, the Duval County Health Unit has either directed its attention to those problems within its own jurisdiction left untouched by existing organizations or tried to supplement existing services of other organizations in activities which they have developed.

No concerted efforts were being made against the greatest school health problem in Florida—**HOOKWORM**. With the sponsorship of an Anti-Hookworm campaign by the Jacksonville Junior Chamber of Commerce, the first steps were taken to carry a continuous drive against this disease. During 1939, over 5,000 individual specimens were collected in the rural

sections of the county alone, probably the most complete analysis of this disease ever made in a single county of Florida. The incidence of the disease is already showing a downward trend from 25% to 21% of the tested population.

Other school health problems were all too evident. Defective vision and defective hearing are important causes of chronic grade repeaters. Last year, every white school child in the rural schools of the county had their eyes tested. Through the beneficence of the Jacksonville Kiwanis Club and the Lions Club of Jacksonville Beach, it was possible to provide glasses to many of the underprivileged. Every white child through the sixth grade received a complete physical inspection and an inspection of teeth by a qualified dentist. Over 10,000 inspections were made by the public health nurses and 3,000 by the health officer.

With the cooperation of the Tuberculosis Association, the City Board of Health and the State Board of Health, an extensive tuberculin-testing campaign was carried out in the high schools of the county and city. Over

3000 individuals were tested by physicians who generously contributed their services to this immense task; 1,500 individual X-rays were made. Forty cases of lung disease were discovered, the majority of which were tuberculous.

Since there was no evident anti-syphilis activity in the rural part of the county, and since there was no provision for the treatment of indigent transients in city or county, the Duval County Health Council undertook to meet this most pressing problem. Rallying public opinion and securing the cooperation of lay and professional groups, the Council crowned its efforts with the establishment of 6 permanent clinics which are now treating over 150 patients per week, with a remarkable average of 3.8 treatments per patient per month.

The problem of the domestic servant and public food handler has received considerable attention. In the county, employers may now obtain a

limited examination of their help. Though we are the first to realize the limitations of such an examination, we believe the periodic health examination is a powerful public health weapon. Since it is being advocated by the tuberculosis and cancer control groups as a means for discovering disease in an early stage, we shall continue to encourage such examinations, though our purpose is primarily at the discovery of communicable disease in a contagious stage only. Last year over 500 domestic and public food handlers were examined and a considerable number of cases of syphilis, gonorrhea, tuberculosis, granuloma inguinale, worm infestations, and skin diseases brought to light which would not have been found.

Lack of space makes us sacrifice the many services performed by the other divisions of the county health unit. Programs have been developed in maternal and infant hygiene, home nursing, community sanitation and malaria control.

Escambia County Proud of Student Nurses Affiliation

A. L. STEBBINS, M. D.

Director

ESCAMBIA COUNTY HEALTH UNIT

System gives young nurses clear insight into policies of public health nursing. . . . dental trailer provided by county board of public instruction and WPA funds

WITHIN the past few months Escambia County has reorganized its nursing program. Heretofore, nurses carried on more or less of a specialized program, but now each nurse carries on a generalized program; that is, she carries all types of cases in her territory. This is considered the best procedure of public health nursing, since there is no overlapping of the nurses' territory.

During the latter part of the year a colored well baby conference was established. The colored conference answers a real need as the death rate among colored infants is almost three times that of white infants in this county.

Every active midwife in the county was re-licensed during the year. There are 26 licensed midwives in this county, and most of them do a thriving

business. Regular meetings are held for their instruction, and inspection of their equipment; checking up of their physical condition and registration of births they have attended.

The Escambia Health Department is very proud of the fact that it is the only one in Florida that has student nurses affiliation. In September the length of training was increased from 6 to 8 weeks.

During the latter part of the year, Dr. J. E. Elmendorf, Director of the Malaria Division, completed the splenic survey of the white school children. It is too early at this time to give any findings of this survey.

The WPA Community Sanitation program continued through the year, and about 475 sanitary units were installed. This is a program that Escambia is very interested in because this county has a high percentage of hookworm infestation.

With the beginning of the Federal fiscal year, Escambia was allotted some money for venereal disease control, enabling the enlargement of the venereal disease program. The Escambia County Medical Society approved a broader venereal disease program so that the appropriation would be utilized.

The Escambia County Board of Public Instruction, at the request of the County PTA and the Pensacola Den-

tal Society, allotted \$1,200 for the purchase of a dental trailer and equipment. This is supported by WPA funds, and will aid materially in reducing the number of dental defects, which is around 85% of the school children.

During the summer in cooperation with the local Red Cross and the Escambia County Health Council a pellagra clinic was established. The Red Cross supplied the yeast. Other assistance came from interested lay organizations.

During the summer months, the Unit attempted to organize lay health committees throughout the county. The one at Molino has functioned very successfully. Members assisted materially in fixing up the health centers and at the clinics.

We have been very fortunate in securing an active transportation committee, composed of members of a local church. This has made it possible for many patients to attend various clinics who otherwise would not have been able to do so.

Health education, with the subsequent prevention of disease, is Public Health's primary function. We have a large and fertile field still left to work in. May we till the soil just a little better this coming year, so that our crop will be healthier and happier people.

TWO NEW UNITS!

Dade and Hendry counties have voted full-time county health units, thereby taking their place among other progressive counties.

The Hendry County Unit went into operation February 1. Dade County will begin operation April 1. These are the first full-time local health units added to Florida's public health system since Bay County in January 1939. When Dade county opens, the citizens in 19 of Florida's 67 counties will be under the protection of full-time local health units.

Dr. A. B. McCreary, State Health Officer, states that the Dade County Unit is a result of organized efforts by various public spirited groups, lay and professional, most of whom are members of the Dade County affiliate of the State-Wide Public Health Committee.

Orange Now Operates Five Health Centers in County

WILLIAM P. RICE, M. D.

Director

ORANGE COUNTY HEALTH UNIT

Notable number of defects corrected with aid of local private physician . . . among other achievements is reduction of tuberculosis death rate by one-half

DECEMBER 30, 1939 marked the completion of the second full year of activity of the Orange County Health Unit. Possibly the most important of a number of notable accomplishments was the completion of the organization and operation of the Five Health Centers.

A marked decrease in the percentage of defects of the school children was recorded. These defects have been reduced from 58% in early 1938 to 25.2% at the close of 1939. Many corrections have been secured through the persistency of the nursing personnel. *The record:*

- 161 vision corrections
- 4,336 immunizations against smallpox, diphtheria and typhoid.
- 473 tonsil and adenoid operations by private physicians donating services.

Dental defects have been reduced from 86% to 62% of the school children of the County. Several of the schools show 100% dental corrections. The dental clinic made 2,630 dental inspections and 5,788 dental corrections during 1939.

Regular Crippled Children's Diagnostic Clinics for the Central Florida District are conducted by Dr. Richard Walker in the Health Unit offices, each Monday morning. 44 Orange County children have attended this clinic.

Infant deaths have decreased from 49 in 1938 to 31 in 1939. This was the first year in the past 5 years that no deaths occurred from typhoid. Maternal deaths were reduced from 9 resident deaths in 1938 to 5 resident deaths in 1939. Tuberculosis was decreased from 40 deaths in 1938 to 21 in 1939. One diphtheria death occurred where an annual average of 3 deaths have been reported over the past 5 years.

The hookworm rate has been reduced from 35% of the rural population infested to a present record of 18%. However, the infestation in some sections remains exceedingly high.

The control of syphilis became a major activity during 1939. Four regular clinics were established. 396 persons afflicted with the disease have been treated in the clinics. 8,959 treatments were given.

Maternity conferences show increased activity. 115 prenatal cases have made 588 visits to the prenatal conferences. Orange County had 100% registration of midwives in 1939. No maternal deaths occurred among the midwives' maternity cases.

We realize that no Health Unit can reach all of its goals after two years of activity, but we do feel that progress is being made towards a healthier, happier and more prosperous county for Orange County's inhabitants.

Communicable Disease Rate Low in Monroe County as Result of Health Program

JAMES B. PARAMORE, M. D.

Director

MONROE COUNTY HEALTH UNIT

Unit urges parents and teachers to keep children out of school when suffering from "common cold" or other minor disability . . . result, fewer communicable diseases

THE diseases that have received especial attention during the year are tuberculosis, syphilis, smallpox, diphtheria and typhoid fever. Only a small number of contagious diseases occurred among the children. This in a large measure is due to the fact that frequent health talks have been made and the children immunized.

Stress has been laid on the well-known fact that children should not be sent to school if they are sick with a cold or otherwise disabled.

The major problem during the year was the 5 cases of Polimoyelitis (infantile paralysis) reported. These cases were visited by the Director of the Unit and nurse. All cases were quarantined. Due to the prompt measures taken by the county health department, an epidemic was probably averted.

Venereal disease clinics showed a marked increase in attendance during the past year. This is due to the fact that more old cases have been discovered. These have made many more visits to the clinic than last year when we had only 35 cases. Regular visits have been made to tuberculosis cases, contacts and suspects. Prenatal clinics are held once a week and attendance has been satisfactory.

An intensive campaign on health certificates for all food handlers was carried out during the year. As a re-

sult of this campaign a great many individuals reported to the Health Department for examination and it was found that rather a high percentage of these were infected with syphilis.

INFANT AND PRESCHOOL HYGIENE

Infants

Individuals Admitted to Medical Service	34
Individuals Admitted to Nursing Service	34
Visits to Medical Conferences.....	61
Field and Office Nursing Visits.....	96

Preschool

Individuals Admitted to Medical Service	36
Individuals Admitted to Nursing Service	40
Visits to Medical Conferences.....	37
Field and office Nursing Visits.....	58

SCHOOL HYGIENE

Visits to Schools.....	254
Inspections by physician and nurse	1122
Examinations by physician.....	704
Field and Office Nursing Visits.....	158

ADULT HYGIENE

N.Y.A. Examinations	29
Food Handlers Examined.....	223
Sewing Room Inspections.....	96

MOSQUITO CONTROL

Minor drainage linear feet completed, (WPA)	8085
Breeding places eliminated, (City Inspectors)	250
Breeding places controlled.....	3780
Artificial containers destroyed.....	14233

Gadsden's Success Story Written in the Records of Lowered Death Rates

I. E. SIMMONS, M. D.

Director

GADSDEN COUNTY HEALTH UNIT

Marked decrease in maternal, stillbirth and tuberculosis deaths is recorded by Gadsden County. . . Citizens provide X-ray machine for Unit. . . 1000 sanitary privies installed

THE Gadsden County Health Unit, organized in 1936, began its activities in July of that year. Achievements during that period are best told by the records:

In 1936, 7 mothers died of childbirth in Gadsden County.

In 1939, 2 mothers died.

In 1936 there were reported 31 stillbirths. In 1939, 25 stillbirths.

In 1936, 63 persons died of tuberculosis in Gadsden County.

In 1939, 7 persons died.

In 1937 a means of isolation was provided the indigent tuberculous by the building of 7 Burr cottages.

In 1939 the citizens of Gadsden County provided the Unit with an x-ray machine. Since its installation in April 1939, 150 indigent persons, referred by the family physician have been x-rayed.

It is estimated there are still between 2000 and 3000 cases of syphilis in the county. Five clinics have been opened throughout the county for the convenience of those in the rural areas. Most of them are conducted by private physicians.

Over 1000 sanitary pit privies have been installed with the aid of the WPA.

Since the beginning of this unit there has been a full-time sanitary officer in employ. The work in this division in Gadsden County has been most outstanding. Community sanitation

has formed a great part of the work in this branch. Particular reference and attention has been paid to environmental sanitation which has included that of the rural home, school and public building.

Constant and periodic examinations have been made of all public municipal water supplies and many private supplies. One of the outstanding activities of the division of sanitation has been that in the interest of typhus fever and malaria control.

Over 1000 sanitary pit privies have been installed with the aid of the WPA. Constant check on the dairies is maintained in the interest of a safe milk supply. Constant and periodic examinations have been made of all public municipal water supplies and in many cases of private supplies.

The usual routine of crippled children work, Red Cross Loan Closet, school work, correction of defects and immunization has been carried out.

The Gadsden County Health Unit's prime purpose has been focused on preventative medicine. It records the rise and decline of disease periodically and thereby sets up campaigns and programs to check this spread.

Through the figures compiled in the health unit of today can be viewed the triumphs of medical science, degree of success of preventative medicine and the ever increasing imprint left on society by health education.

Fewest

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Dental Defects

A DENTAL survey was completed among the white pupils in all schools in Pinellas County. Only 53% were found to have defects. The Bureau of Dental Hygiene, Florida State Board of Health reports that no other county or city in the United States can boast of such a record. The nearest approach is Hagerstown, Maryland, where 75% of the children were found to have dental defects. Pinellas' record is the result of years of educational and corrective work by the local dental society and the Health Unit, stressing diet as well as dental hygiene.

A hookworm survey was completed in this county. The percentage of persons found infested was 7.1%. An anti-hookworm educational, treatment and sanitation program is responsible for the 35% infestation at the beginning of this program being reduced to the present lowest rate in the state.

Maternal mortality for 1938 is officially reported as 3.1 per 1000 births and, compared with the rate for the whole state of 7.5, is outstanding. The program of midwife regulation and control has contributed very much to the lessening of maternal and infant deaths among the indigent and extremely low-income groups where these rates are usually the highest.

Only 14 of the 67 Florida counties reported less than 10 malaria deaths per 100,000 population during 1938. Pinellas was one of them. No deaths and only five cases were reported during 1939. Anti-malaria mass education of the public, screening of homes, and draining and oiling of anopheles mosquito breeding places contributed to this record.

All white and colored children in the first six grades in all schools were examined for physical defects. Reports of defects found were furnished parents and referred to family physicians and dentists for correction. Better than 50% were corrected.

A total of 520 clinics were held in this county during the year. They were maternal, infant, preschool, tuberculosis, venereal disease, midwife, and immunizations against (2) typhoid, (b) diphtheria, (c) smallpox, held at St. Petersburg, Clearwater, Tarpon Springs, and Safety Harbor. Syphilis and tuberculosis being our major problems, are receiving a major share of attention.

—W. H. PICKETT, M. D., Director
Pinellas County Health Unit.

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HEALTH NOTES

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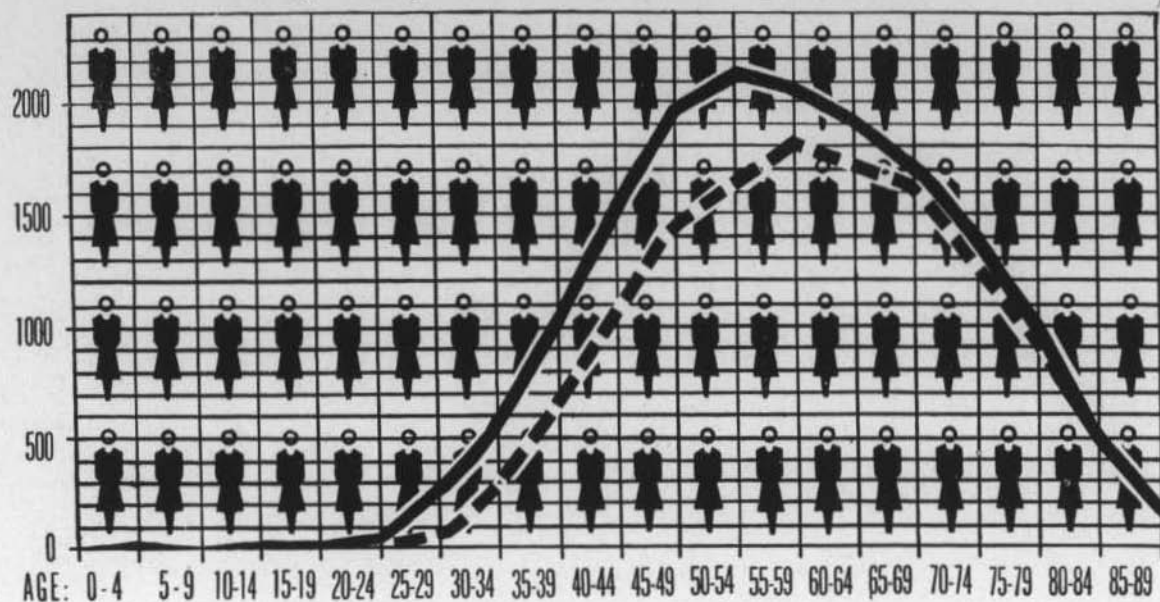
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JACKSONVILLE, FLORIDA

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Early Diagnosis Will Save Thousands



Deaths from Cancer of the Breast and Womb By Ages

—————Womb (16,338) - - - - -Breast (13,757)

AMERICAN SOCIETY FOR THE CONTROL OF CANCER

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Surgeon General Parran Warns Against Relaxing Tuberculosis Attack

By THOMAS PARRAN, M. D.

Surgeon General

UNITED STATES PUBLIC HEALTH SERVICE

As in many other diseases, easily discernible symptoms are not manifest in early stage of tuberculosis . . . x-ray discovers it early before symptoms . . . Parran urges this type program

I like to watch a train leaving the railroad station. It begins to move slowly and gradually picks up speed until it becomes a swift moving mass of steel that disappears in a streak in the distance.

The movement to control tuberculosis is something like that. Because of the momentum gained in the past years, we now are ready to open the throttle wide. Our present reserve of power and the clear track ahead promise sure arrival at our goal. That goal is to conquer tuberculosis so completely that its load will never again burden us and our children.

During the last 50 years we have learned how to treat tuberculosis better. Sound principles of treatment, the main ingredient of which is rest, are everywhere understood and applied. New ways of resting the lung by simple surgical procedures have been discovered. The sanatorium is now a fully equipped hospital. The doctors in charge are expertly trained. In the treatment of tuberculosis and in the isolation of those who have it, we have gone far.

But, before cases can be treated and isolated, they must be found. At first it was easy to discover them. Consumptives walked the streets. Even the non-medical person could pick them out. But soon there was felt

the need for a new service—the diagnostic clinic, established at first for the poor who could not afford a private physician. This work of finding people who have tuberculosis has grown.

As our knowledge increased, the methods of case-finding were refined and improved and became more expansive. Two important developments encouraged progress—one, the tuberculin test which tells whether or not a person is infected with tuberculosis germs; the other the X-ray with which we can now discover tuberculosis early, while it is still a "silent" disease, without marked symptoms, and when it is easily curable.

Similarly, progress has been made through education of the people about tuberculosis, through greater interest in and understanding of tuberculosis by the medical profession and in many other aspects of the program. Each is a romantic story. Taken all together, the tuberculosis control program has brought encouraging results.

This is not the time, however, to stop for self-congratulation. A disease certainly is not yet under control which even now kills 70,000 of our people annually; which even now is No. 1 killer among people between the ages of 15 and 45. It is time to open the throttle and finish the run.

There are plenty of people who believe in letting this and other disease problems work themselves out through the slow process of time. I do not agree with them. Though the reduction of tuberculosis has been steady, it still is slower than we should tolerate.

The Early Diagnosis Campaign now being conducted by tuberculosis associations throughout the country calls attention to one means of detecting early tuberculosis. The slogan this year is "The X-ray Reveals Tuberculosis Before Symptoms Appear." Why not X-ray all apparently healthy persons?

An investment made now to hurry up the control of tuberculosis will be self-liquidating and final. Tuberculosis is perhaps our most expensive disease, the destroyer of earning capacity and of productive power. The time is opportune to plan for the complete control of this age-old disease.

Although there is still much to learn about the disease, the fact remains that we know enough to conquer it completely. But the great difficulty

that impedes progress is complacency.

Dr. A. J. Stoddard in a presidential address before the American Association of School Administrators said that complacency is one of the most baffling of all human traits or attitudes. We are too ready to feel complacent over the fact that tuberculosis no longer kills 150,000 people annually; last year's toll was only 70,000! Only 70,000! Yet these lives might have been saved, if the diagnosis of tuberculosis had been made in time.

"Early discovery, early recovery" must be more than a slogan or a battle cry. It must be heeded by those who are most likely to be overcome by the tubercle bacillus,—those young people between the ages of 15 and 45.

Leaders are needed always, and there are and have always been brilliant leaders in the fight against tuberculosis. But no fight can be won without the firm support of the rank and file in the battalions. Not only public interest but public support is necessary to bring this long fought battle to a happy ending.



TUBERCULOSIS
before symptoms appear

CHRISTMAS SEALS FIGHT TUBERCULOSIS

In "Magic Bullet" Hollywood Immortalizes Scientists Who Discovered Syphilis Cure

Word "syphilis" can be spoken from screen but Hays bans use of word in title of film or advertisements . . Name role of Dr. Paul Ehrlich played by Edward G. Robinson

HOLLYWOOD is the latest ally to join the fight against syphilis which was inaugurated a few years ago by press and radio. Their contribution is a full-length film based upon the life of one of the greatest scientists of the ages, Dr. Paul Ehrlich, who discovered the drug that would kill syphilis spirochetes without killing their victim. Title of the picture is "Dr. Ehrlich's Magic Bullet."

It was with understandable misgivings and some apprehension as to the reaction of the Hays office—not to mention the public generally — that Warner Brothers embarked upon the script of "The Magic Bullet." The finished product opened in New York about a month ago, has played and is still playing at hundreds of motion picture houses in other sections of the country and as yet no complaints have been registered. Instead, the film has left in its wake a series of laudatory reviews.

Before work started on the story, Warner Brothers presented the idea to Czar Hays for his consideration. After several weeks of consultation, Hays et al handed down a decision: The word "syphilis" could not be used in the title; neither would it be permitted in advertisement of the picture. It could, however, be spoken in the picture!

Although the ruling seems inconsistent on the face of it, one must remember that Hollywood is notoriously skittish and it is something of a major event for them to give the green light to a word which had hitherto not been allowed to pass the censor. The fact that the press and radio had recently lifted their bans, did not make Mr. Hays' task much easier. Nor was he overly impressed with the fact that the word "syphilis" has recently been more or less accepted in polite society. For no one knows better than Mr. Hays that there are many so-called parlor stories which would never be accepted by the movie-going public.

The story of "Dr. Ehrlich's Magic Bullet" begins with the scientist's early attempts to positively identify and segregate the tubercle bacillus. In his work he is thwarted by overlings who disparage his ambition because they are jealous of his skill.

Persistent to the point of his own ruin, Dr. Ehrlich continues his research with driving force. The inherent urge to succeed in his work gains momentum even more when he enlists interest of Dr. Robert Koch, discoverer of the anthrax bacillus.

Dr. Ehrlich made experiment after experiment in his search for a syphilis cure. Not until he completed the

606th did he find the right combination. It is this which prompts some to call the drug, technically known as arsphenamine and neo-arsphenamine, by the numeral "606". Dr. Ehrlich's statement: "We must learn to shoot microbes with magic bullets" suggested the title of the picture after Hays had ruled that neither "syphilis" nor "606" could be used.

The role of the great scientist is taken by Edward G. Robinson, that of his wife by Ruth Gordon who played Mary Todd in "Abraham Lincoln." Albert Basserman, 70-year-old German refugee, plays Dr. Koch.. All the leads are reported to give brilliant performances.



BIOGRAPHICAL SKETCH

Paul Ehrlich was the offspring of a family that produced several scientists of distinction. He was born near Breslau, March 14, 1854.

His interests were exclusively of a scientific nature. He was described as a man intensely pre-occupied, and oblivious to all concerns in life other than those on which he was engaged.

A man of extraordinary versatility of mind, Ehrlich continued to produce results of incalculable benefit to medicine almost until the time of his death.

It is said of him that he revolutionized the outlook in six different branches of medical knowledge.

In 1908 he shared the Nobel Prize with Metchnikoff.

He was also a prolific writer. Between 1877 and 1914 he contributed 212 books and papers to the literature of science.

He had moderate desires and permitted himself but two luxuries; an abundance of good cigars and quantities of scientific books.

On April 19, 1910, Dr. Paul Ehrlich announced the discovery of his drug, "Salvarsan", known today as arsphenamine at the Congress of Internal Medicine.

He died on Aug. 20, 1915, at a time when his intellectual vigor was at its highest peak and when he might have been expected to carry his researches still further.

Paul Ehrlich will be remembered chiefly for his discovery of arsphenamine and neo-arsphenamine. He will also be remembered for investigations on the specific action of dyes on living tissues and for his side chain theory. Another of his important contributions to medicine was his work on diphtheria antitoxin.

Education, X-Rays, Radium Surgery and Research Only Successful Weapons Cancer

Interesting experiments in neutron rays, freezing, short wave radio and other techniques being made but none yet proved successful—quacks greatest enemy of permanent cure

THERE are five great weapons in the peacetime war against cancer: education, x-rays, radium, surgery and research. Without education, the medical weapons are useless since physicians are able to cure cancer only in its early stages. Education is necessary to teach men and women to go to physicians while conditions that may be cancerous are still early. Research is essential in order to discover new facts on which all progress in fighting the disease ultimately depends.

While many interesting experiments are being conducted in treatment techniques, only the three methods of x-ray, radium, and surgery are of proved value. Serums, salves, and medicine of any kind are useless against cancer. While interesting work is being done testing the use of neutron rays, freezing, short-wave radio, and other treatment techniques, these methods are still experimental and of unproved value.

Quacks who claim to treat cancer with other methods than x-rays, radium, or surgery should be avoided at all costs. Widely sold and utterly valueless "cancer cures" have included electric belts, solutions of glycerin and mineral salts, smooth white sand in ornate bottles, iodine pills, and mixtures of alcohol and quinine. Some cures are pastes, containing dangerous and destructive chemicals which burn the skin of the patient severely.

Key One: Every person over thirty-five should have a comprehensive

physical examination covering all the sites where cancer is likely to develop. Women should have the B. P. (Breast-Pelvic) Examination semi-annually.

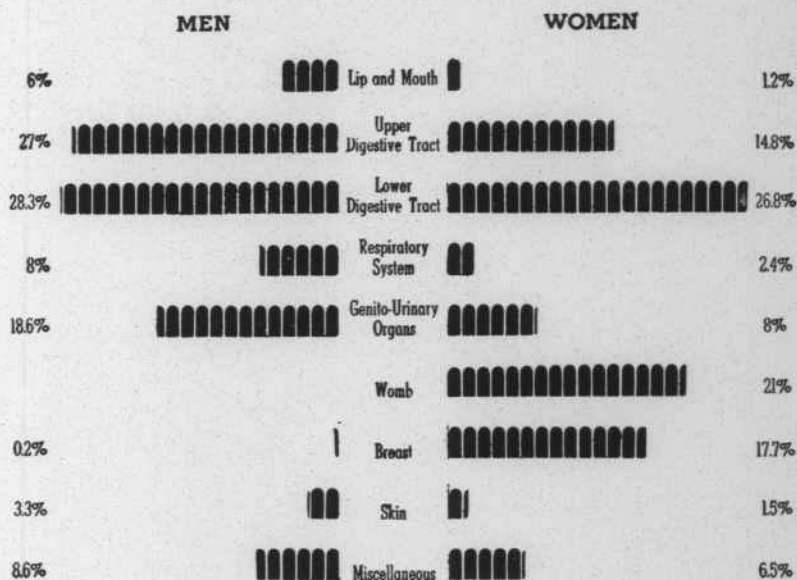
Key Two: Should any of the cancer danger signals, painless symptoms which may mean cancer, develop, an immediate consultation with a physician is recommended. These symptoms are: any persistent lump or thickening, particularly in the breast; any irregular bleeding or discharge from any body opening; any persistent and unexplained indigestion; any sore that does not heal normally, especially about the tongue, mouth or lips; any sudden change in the form or rate of growth of a mole or wart.


Back of the fears and doubts that make the work of cancer control difficult lies the question, "Can you really cure it?" The Gallup Poll found last year that one out of every three men and women did not know that cancer was curable. Yet the evidence is overwhelming.

"Two years ago the Cured Cancer Club was launched with Dr. Anna C. Palmer, Milton, Mass., an 82 year old physician who was cured of cancer of the breast in 1921, as President. Articles and radio broadcasts about this unique Club have brought Dr. Palmer hundreds of letters, many from those who wish to join her organization. Membership is open to all those certified by a physician as having had cancer and been cured of it at least five years before.

Where Cancer Develops

Deaths by Location of Cancer



Each  represents 1,000 deaths

AMERICAN SOCIETY FOR THE CONTROL OF CANCER

Cancer which destroys nearly 150,000 men and women each year is second only to all types of heart trouble as a cause of death. This chart, prepared by the Women's Field Army of the American Society for the Control of Cancer, shows the significant difference in organs in men and women which are affected by cancer.

Men have considerably more cancer than women of the lip and mouth, the upper digestive tract, the respiratory system, the skin, and of course the male genito-urinary organs. Cancers in the upper digestive tract which includes the esophagus, the stomach

and the duodenum, are most frequently found in the stomach; in the respiratory system it is the lungs where the disease strikes with particular and increasing frequency, in the genito-urinary organs it is the prostate which is most likely to be affected, particularly in elderly men.

Women, on the other hand, have nearly forty per cent of the cancers fatal to them located in the womb and breast. It is noteworthy that women have only a small amount of cancer of the lip and mouth, the lung, or the skin.

Ignorance and Quacks Take Heavy Toll Among Negroes--Units Attacking Problem

Sufferers of syphilis and tuberculosis are most frequent victims of unscrupulous persons both white and colored . . . great need for intensified educational program seen

MANY deaths of infants and mothers are also attributable to quacks, since a mother may be suffering with untreated syphilis and thereby endanger both her life and that of the unborn baby. Those negro mothers who are well probably put themselves in the hands of an unskilled midwife instead of a doctor for delivery and so, again, take unnecessary chances.

If white people are not interested from a humanitarian standpoint in promoting better health among Negroes, then they should be as a matter of self-protection. Negroes perform most of the domestic duties in Florida. They work both inside and outside the home, carrying to their job whatever communicable disease they may happen to have.

Since negroes form one-third of the Florida population, it is important that any state-wide program of public health emphasize work with this race as well as with the white. Therefore, it is fitting that Florida should join the nation in commemorating Negro Health Week — March 31 through April 7.

Syphilis, tuberculosis, maternal and infant deaths take the greatest toll among negroes, and ignorance and poverty are the greatest contributors to these diseases. Most Negroes have not been taught what to do, and those who have are usually without sufficient funds to carry out the teachings. Though, of course, in counties with full-time Health Units an hon-

est effort is being made to correct these problems and some headway has been gained.

Too often are Negroes the prey of unscrupulous persons, many times persons of their own race. They need the interest of conscientious people both white and colored, who are in a position to help them.

Negroes must be urged to rely upon ethical medical doctors, not quacks and any corner drug store operator who takes it upon himself to "diagnose and prescribe." If they could be taught this one simple fact, it would be only a matter of a short time before negro syphilis and tuberculosis rates would be slashed materially. For sufferers from these two diseases seem to be the most frequent victims of quacks.

Those who blame Florida's large Negro population for its high disease and death rate, should remember that other states also have their underprivileged groups. And they are undoubtedly just as much or more of a problem than Florida's.

Disease and death are no respectors of race or social class. Therefore, public health which seeks to prevent disease and death, cannot confine its work to one race or group if the whole community is to be benefited. The health of the public is a common problem that must be met by all for all.

BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH

EDWARD M. L'ENGLE, M. D., *Director*Puerperal and Infant Death Rates per 1,000 Live Births by Color by Counties, Florida
and For the United States, 1938.

COUNTIES	Total	White	PUERPERAL		INFANT	
			Colored	Total	White	Colored
UNITED STATES	4.4	—	—	51.0	—	—
FLORIDA	7.5	5.3	12.6	58.0	48.4	80.3
Alachua	7.9	2.5	14.1	59.1	56.5	62.0
Baker	6.7	—	25.6	80.5	45.5	179.5
Bay	6.3	7.4	—	71.7	68.8	89.6
Bradford	10.2	7.2	17.5	40.8	28.8	70.2
Brevard	4.5	—	11.2	67.3	52.2	89.9
Broward	7.2	3.7	10.6	74.0	66.2	81.6
Calhoun	—	—	—	34.2	36.6	23.3
Charlotte	—	—	—	125.0	96.8	222.2
Citrus	9.5	13.9	—	85.7	69.4	121.2
Clay	11.6	—	38.5	69.8	33.3	153.8
Collier	—	—	—	72.5	43.5	130.4
Columbia	13.3	12.9	14.0	74.7	94.8	42.0
Dade	5.6	3.9	11.2	53.9	43.6	87.2
DeSoto	5.5	6.5	—	71.4	64.5	111.1
Dixie	14.5	10.4	23.8	50.7	20.8	119.0
Duval	6.9	5.5	9.8	57.4	48.0	77.5
Escambia	9.4	7.3	17.5	74.8	59.5	133.3
Flagler	—	—	—	40.8	117.6	—
Franklin	—	—	—	66.7	22.5	193.5
Gadsden (Ex.)	12.4	13.1	12.0	78.0	83.0	72.1
State Hosp.	250.0	250.0	—	250.0	250.0	250.0
Gilchrist	7.9	9.4	—	71.4	66.0	100.0
Glades	—	—	—	68.2	—	142.9
Gulf	7.0	10.6	—	42.0	53.2	20.4
Hamilton	4.1	—	10.8	41.5	40.5	43.0
Hardee	—	—	—	49.3	48.6	55.6
Hendry	11.9	—	41.7	83.3	33.3	208.3
Hernando	8.9	—	22.7	35.7	29.4	45.5
Highlands	10.3	15.2	—	46.2	60.6	15.9
Hillsboro	1.4	0.9	4.1	46.0	40.0	74.5
Holmes	8.7	9.0	—	46.2	47.9	—
Indian River	23.4	8.8	51.7	64.3	44.2	103.4
Jackson	8.1	5.7	11.6	64.4	59.2	72.5
Jefferson	7.2	15.6	4.7	83.3	—	108.5
Lafayette	—	—	—	65.4	66.7	58.8
Lake	12.2	8.7	20.4	57.0	43.6	88.4
Lee	11.0	13.0	—	24.7	29.2	—
Leon	16.1	8.4	20.8	57.9	46.4	64.9
Levy	—	—	—	52.0	42.2	71.4
Liberty	—	—	—	100.0	134.6	—
Madison	7.2	5.4	9.9	64.6	59.5	69.3
Manatee	5.6	4.2	8.2	66.7	42.0	114.8
Marion	5.1	—	9.9	59.3	45.5	72.4
Martin	14.5	29.4	—	29.0	58.8	—
Monroe	17.9	12.4	31.7	89.3	87.0	95.2
Nassau	5.5	10.0	—	44.2	40.0	49.4
Okaloosa	6.7	7.2	—	43.6	43.2	50.0
Okeechobee	—	—	—	18.9	22.2	—
Orange	9.5	8.2	14.0	57.3	49.5	83.7
Osceola	13.7	8.7	32.3	68.5	52.2	129.0
Palm Beach	9.2	5.0	15.9	95.9	56.5	158.7
Pasco	12.2	4.9	51.3	28.6	29.1	25.6
Pinellas	3.1	1.3	8.9	31.7	27.9	44.6
Polk	16.3	13.0	29.3	48.8	42.3	74.9
Putnam	8.2	4.5	13.7	41.0	36.4	47.9
St. Johns	9.2	—	23.4	67.5	65.7	70.3
St. Lucie	9.8	8.1	12.2	97.6	73.2	134.1
Santa Rosa	4.7	5.3	—	47.3	45.3	62.5
Sarasota	8.3	5.7	15.6	79.2	73.9	93.8
Seminole	8.3	—	14.8	71.6	50.0	88.7
Sumter	—	—	—	55.6	53.3	59.5
Suwannee	7.2	—	21.6	60.2	50.7	79.1
Taylor	10.1	7.1	17.2	70.4	56.7	103.4
Union	8.3	9.6	—	108.3	125.0	—
Volusia	7.2	4.4	12.6	50.4	46.1	58.6
Wakulla	9.5	—	24.4	28.6	—	73.2
Walton	11.5	8.7	30.3	49.6	43.7	90.9
Washington	—	—	—	33.2	32.7	35.1

SYPHILIS AND MALARIA

Death Rates per 100,000 Population by Color by Counties, Florida and for the United States, 1938

COUNTIES	SYPHILIS			CEREBRAL HEMORRHAGE		
	Total	White	Colored	Total	White	Colored
UNITED STATES	9.7	—	—	82.5	—	—
FLORIDA	25.9	8.4	69.2	103.7	91.4	134.1
Alachua	32.0	14.6	53.3	149.3	116.5	189.3
Baker	—	—	—	51.9	50.8	55.6
Bay	20.2	12.2	58.8	45.5	48.8	29.4
Bradford	—	—	—	159.2	140.4	209.9
Brevard	32.9	9.6	83.3	164.5	125.0	250.0
Broward	32.3	6.1	83.3	84.7	91.5	71.4
Calhoun	11.1	13.7	—	22.2	13.7	58.8
Charlotte	26.5	—	135.3	105.9	65.8	270.6
Citrus	—	—	—	107.1	102.6	117.6
Clay	—	—	—	69.4	76.9	50.0
Collier	—	—	—	50.0	—	107.1
Columbia	70.1	10.4	163.9	222.9	197.9	262.3
Dade	27.4	9.1	103.0	95.3	94.7	98.0
DeSoto	11.9	14.5	—	47.6	58.0	—
Dixie	51.4	—	139.4	85.7	81.5	92.9
Duval	19.9	5.8	46.2	91.8	70.1	132.3
Escambia	13.8	2.3	47.3	89.5	60.0	175.7
Flagler	27.8	—	52.6	—	—	—
Franklin	—	—	—	59.7	22.2	136.4
Gadsden (Ex.)	18.5	—	31.3	85.2	9.1	137.5
State Hosp.	1546.4	615.5	3253.7	492.0	506.9	464.8
Gilchrist	—	—	—	119.0	85.7	285.7
Glades	—	—	—	75.0	48.4	167.5
Gulf	32.3	—	90.3	161.7	151.1	180.7
Hamilton	10.1	—	25.0	161.6	84.7	275.0
Hardee	—	—	—	57.9	45.0	200.0
Hendry	—	—	—	52.6	64.5	—
Hernando	34.5	47.6	—	86.2	71.4	125.0
Highlands	16.7	—	58.8	75.0	46.5	147.1
Hillsboro	27.2	10.7	97.7	80.4	69.5	127.0
Holmes	6.5	6.9	—	64.9	55.2	222.2
Indian River	10.4	—	34.5	93.8	104.5	69.0
Jackson	16.1	—	43.8	69.7	67.8	73.0
Jefferson	22.1	—	31.3	191.2	150.0	208.3
Lafayette	—	—	—	47.2	27.0	185.2
Lake	32.2	—	112.4	122.2	121.6	123.6
Lee	—	—	—	105.3	65.2	272.7
Leon	28.2	—	47.3	52.8	26.1	71.0
Levy	53.0	—	129.6	68.2	64.1	74.1
Liberty	—	—	—	51.9	72.9	—
Madison	5.6	—	10.9	100.0	68.2	130.4
Manatee	21.6	17.5	32.8	86.2	76.0	114.8
Marion	31.9	12.3	53.3	140.6	128.8	153.3
Martin	37.7	28.6	55.6	56.6	57.1	55.6
Monroe	15.1	—	80.9	97.9	101.7	80.9
Nassau	43.7	—	117.8	251.6	139.2	441.6
Okaloosa	—	—	—	39.4	42.4	—
Okeechobee	—	—	—	57.5	35.9	144.9
Orange	20.5	8.2	61.6	96.4	80.1	150.7
Osceola	51.4	13.4	178.6	174.7	227.0	—
Palm Beach	50.3	14.0	122.2	150.8	114.8	222.2
Pasco	8.6	—	55.6	146.6	153.1	111.1
Pinellas	22.8	13.5	56.3	233.7	261.1	133.8
Polk	21.6	5.8	80.2	69.3	70.7	64.2
Putnam	10.9	—	25.0	108.7	115.4	100.0
St. Johns	17.1	—	51.3	153.7	102.4	256.4
St. Lucie	19.4	—	48.8	116.5	145.2	73.2
Santa Rosa	12.2	6.9	52.6	73.2	41.4	315.8
Sarasota	13.7	—	52.6	157.5	166.7	131.6
Seminole	8.3	—	16.4	82.6	33.3	131.1
Sumter	10.0	—	33.8	49.9	42.4	67.7
Suwannee	11.3	—	33.3	73.4	51.3	116.7
Taylor	18.0	—	53.7	108.2	95.1	134.2
Union	11.4	—	29.4	90.9	111.1	58.8
Volusia	18.1	13.4	27.9	124.8	128.3	117.3
Wakulla	—	—	—	62.5	78.9	38.5
Walton	7.2	—	45.2	94.2	77.6	180.8
Washington	7.5	9.8	—	67.7	49.0	129.0

PELLAGRA AND CEREBRAL HEMORRHAGE

Death Rates per 100,000 Population by Color by Counties, Florida and for the United States, 1938

COUNTIES	PELLAGRA			MALARIA		
	Total	White	Colored	Total	White	Colored
UNITED STATES	2.5	—	—	1.8	—	—
FLORIDA	6.1	4.3	10.6	9.8	6.0	19.2
Alachua	8.0	4.9	11.8	13.3	9.7	17.8
Baker	—	—	—	—	—	—
Bay	10.1	12.2	—	15.2	6.1	58.8
Bradford	11.4	15.6	—	22.7	31.2	—
Brevard	—	—	—	—	—	—
Broward	4.0	6.1	—	24.2	18.3	35.7
Calhoun	11.1	—	58.8	33.3	41.1	—
Charlotte	—	—	—	—	—	—
Citrus	—	—	—	53.6	—	176.5
Clay	13.9	19.2	—	—	—	—
Collier	—	—	—	16.7	—	35.7
Columbia	—	—	—	19.1	10.4	32.8
Dade	2.0	2.4	—	1.0	1.2	—
DeSoto	—	—	—	—	—	—
Dixie	—	—	—	154.2	81.5	278.8
Duval	7.0	4.1	12.3	3.8	1.6	7.7
Escambia	6.9	—	27.0	3.4	—	13.5
Flagler	—	—	—	—	—	—
Franklin	—	—	—	29.9	22.2	45.5
Gadsden (Ex.)	22.2	9.1	31.3	22.2	18.2	25.0
State Hosp.	117.2	144.8	66.4	—	—	—
Gilchrist	23.8	—	142.9	23.8	—	142.9
Glades	—	—	—	37.5	—	167.5
Gulf	—	—	—	—	—	—
Hamilton	—	—	—	50.5	50.8	50.0
Hardee	—	—	—	—	—	—
Hendry	—	—	—	78.9	32.3	285.7
Hernando	17.2	23.8	—	17.2	—	62.5
Highlands	8.3	—	29.4	—	—	—
Hillsboro	3.7	2.3	9.8	1.9	1.5	3.3
Holmes	19.5	20.7	—	26.0	27.6	—
Indian River	—	—	—	—	—	—
Jackson	13.4	21.2	—	29.5	25.4	36.5
Jefferson	14.7	—	20.8	22.1	25.0	20.8
Lafayette	23.6	27.0	—	23.6	27.0	—
Lake	9.6	9.0	11.2	9.6	13.5	—
Lee	5.8	—	30.3	—	—	—
Leon	10.6	—	17.8	17.6	17.4	17.8
Levy	7.6	12.8	—	60.6	25.6	111.1
Liberty	—	—	—	25.9	—	89.8
Madison	16.7	—	32.6	44.4	34.1	54.3
Manatee	—	—	—	4.3	—	16.4
Marion	6.4	6.1	6.7	16.0	18.4	13.3
Martin	—	—	—	—	—	—
Monroe	—	—	—	—	—	—
Nassau	—	—	—	10.9	—	29.4
Okaloosa	7.9	8.5	—	15.7	8.5	111.1
Okeechobee	—	—	—	—	—	—
Orange	4.7	6.2	—	—	—	—
Osceola	10.3	13.4	—	—	—	—
Palm Beach	—	—	—	3.7	—	11.1
Pasco	—	—	—	17.2	10.2	55.6
Pinellas	3.0	3.9	—	—	—	—
Polk	4.5	2.9	10.7	4.5	1.4	16.0
Putnam	5.4	—	12.5	5.4	9.6	—
St. Johns	5.7	—	17.1	11.4	8.5	17.1
St. Lucie	—	—	—	—	—	—
Santa Rosa	—	—	—	6.1	6.9	—
Sarasota	20.5	—	78.9	6.8	—	26.3
Seminole	16.5	—	32.8	16.5	—	32.8
Sumter	—	—	—	59.9	56.6	67.7
Suwannee	5.6	8.5	—	16.9	17.1	16.7
Taylor	9.0	13.6	—	54.1	54.3	53.7
Union	—	—	—	11.4	—	29.4
Volusia	9.0	2.7	22.3	7.2	5.3	11.2
Wakulla	—	—	—	31.3	—	76.9
Walton	7.2	8.6	—	21.7	—	135.6
Washington	15.0	19.6	—	22.6	9.8	64.5

TYPHOID AND TUBERCULOSIS (All Forms)

Death Rates per 100,000 Population by Color by Counties, Florida and for the United States, 1938

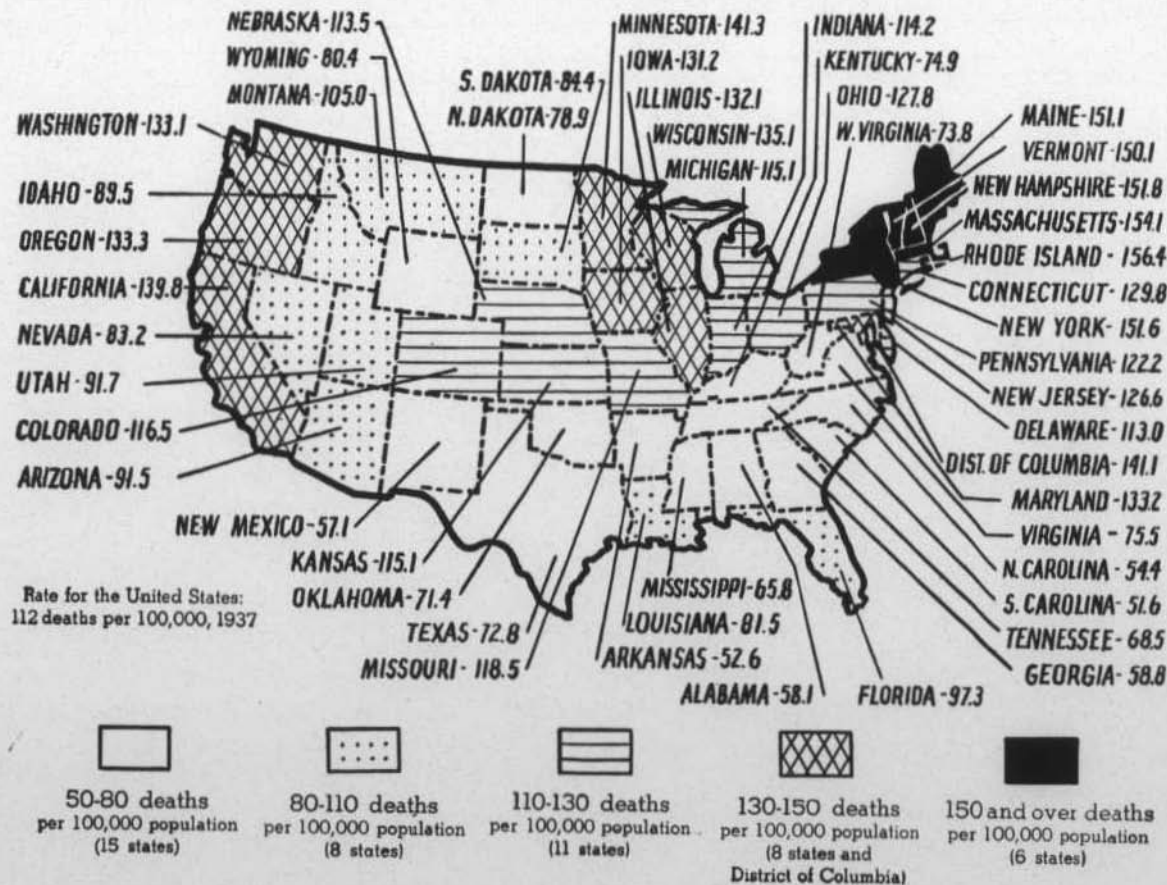
COUNTIES	Total	TYPHOID		TUBERCULOSIS (All Forms)		
		White	Colored	Total	White	Colored
UNITED STATES	1.8	---	---	48.9	---	---
FLORIDA	2.7	2.2	4.1	58.1	33.7	118.4
Alachua	5.3	9.7	---	74.7	38.8	118.3
Baker	---	---	---	13.0	---	55.6
Bay	---	---	---	10.1	6.1	29.4
Bradford	11.4	15.6	---	11.4	15.6	---
Brevard	---	---	---	52.6	9.6	145.8
Broward	8.1	12.2	---	20.2	6.1	47.6
Calhoun	---	---	---	---	---	---
Charlotte	---	---	---	26.5	---	135.3
Citrus	---	---	---	17.9	25.6	---
Clay	---	---	---	27.8	19.2	50.0
Collier	---	---	---	66.7	31.3	107.1
Columbia	19.1	31.3	---	114.6	41.7	229.5
Dade	2.9	2.4	5.0	55.7	34.0	145.7
DeSoto	---	---	---	23.8	14.5	66.7
Dixie	---	---	---	84.3	54.3	---
Duval	4.3	0.8	10.8	90.2	33.0	196.9
Escambia	8.6	11.5	---	70.6	55.4	114.9
Flagler	27.8	---	52.6	83.3	58.8	105.3
Franklin	---	---	---	14.9	---	45.5
Gadsden (Ex.)	---	---	---	40.7	18.2	56.3
State Hosp.	---	---	---	656.0	579.3	796.8
Gilchrist	---	---	---	---	---	---
Glades	---	---	---	---	---	---
Gulf	---	---	---	---	---	---
Hamilton	---	---	---	30.3	---	75.0
Hardee	---	---	---	24.8	27.0	---
Hendry	---	---	---	52.6	32.3	142.9
Hernando	---	---	---	---	---	---
Highlands	---	---	---	66.7	34.9	147.1
Hillsboro	1.2	1.5	---	62.5	35.1	179.2
Holmes	13.0	13.8	---	26.0	20.7	111.1
Indian River	---	---	---	10.4	14.9	---
Jackson	---	---	---	16.1	8.5	29.2
Jefferson	7.4	---	10.4	22.1	25.0	20.8
Lafayette	---	---	---	23.6	---	185.2
Lake	3.2	4.5	---	45.0	31.5	78.7
Lee	---	---	---	46.8	29.0	121.2
Leon	---	---	---	38.7	17.4	53.3
Levy	7.6	---	18.5	45.5	38.5	55.6
Liberty	---	---	---	25.9	---	89.8
Madison	---	---	---	33.3	34.1	32.6
Manatee	---	---	---	77.6	40.9	180.3
Marion	3.2	---	6.7	51.1	36.8	66.7
Martin	---	---	---	37.7	57.1	---
Monroe	---	---	---	97.9	92.5	121.4
Nassau	---	---	---	54.7	17.4	117.8
Okaloosa	---	---	---	7.9	8.5	---
Okeechobee	---	---	---	---	---	---
Orange	1.6	---	6.8	169.0	115.0	349.3
Osceola	---	---	---	30.8	13.4	89.3
Palm Beach	---	---	---	72.6	36.4	144.4
Pasco	---	---	---	17.2	---	111.1
Pinellas	1.5	1.9	---	62.2	56.1	84.5
Polk	1.1	1.4	---	33.0	18.8	85.6
Putnam	---	---	---	76.1	28.8	137.5
St. Johns	11.4	---	34.2	39.8	25.6	68.4
St. Lucie	---	---	---	38.8	16.1	73.2
Santa Rosa	6.1	---	52.6	6.1	---	52.6
Sarasota	---	---	---	41.1	27.8	78.9
Seminole	4.1	---	8.2	33.1	---	65.6
Sumter	---	---	---	59.9	14.1	169.1
Suwannee	5.6	---	16.7	56.5	34.2	100.0
Taylor	9.0	---	26.8	27.1	13.6	53.7
Union	---	---	---	68.2	18.5	147.1
Volusia	---	---	---	43.4	24.1	83.8
Wakulla	---	---	---	---	---	---
Walton	7.2	8.6	---	7.2	8.6	---
Washington	---	---	---	15.0	9.8	32.3

STILLBIRTH RATES

Per 100 Live Births by Color by Counties, Florida and for the United States, 1938

COUNTIES	Total	STILLBIRTH	
		White	Colored
UNITED STATES	3.2		
FLORIDA	4.9	3.3	8.7
Alachua	8.5	4.7	13.0
Baker	2.7		10.3
Bay	3.8	1.7	16.4
Bradford	5.1	4.3	7.0
Brevard	6.7	3.7	11.2
Broward	4.9	3.7	6.0
Calhoun	6.0	6.3	4.7
Charlotte	5.0		22.2
Citrus	4.8	2.8	9.1
Clay	3.5	3.3	3.8
Collier	7.2		21.7
Columbia	4.0	2.6	6.3
Dade	4.5	3.1	8.8
DeSoto	4.4	3.2	11.1
Dixie	8.7	5.2	16.7
Duval	5.9	3.3	11.3
Escambia	5.1	3.7	10.5
Flagler	4.1		6.3
Franklin	5.8	5.6	6.5
Gadsden (Ex.)	4.3	4.4	4.3
State Hosp.			
Gilchrist	5.6	2.8	20.0
Glades	2.3		4.8
Gulf	6.3	3.2	12.2
Hamilton	6.2	2.7	11.8
Hardee	3.4	3.2	5.6
Hendry	9.5	8.3	12.5
Hernando	5.4	4.4	6.8
Highlands	6.2	1.5	15.9
Hillsboro	3.6	2.5	8.7
Holmes	3.2	2.7	16.7
Indian River	5.3	4.4	6.9
Jackson	3.0	2.5	3.8
Jefferson	8.3	4.7	9.4
Lafayette	7.5	7.8	5.9
Lake	4.7	3.8	6.8
Lee	6.0	3.9	17.9
Leon	5.9	5.1	6.5
Levy	3.6	1.8	7.1
Liberty	4.3	5.8	
Madison	8.0	4.3	11.4
Manatee	3.3	2.9	4.1
Marion	6.8	2.1	11.2
Martin	4.3	5.9	2.9
Monroe	6.3	6.2	6.3
Nassau	6.1	4.0	8.6
Okaloosa	5.0	4.0	20.0
Okeechobee			
Orange	4.9	3.4	9.8
Osceola	2.7	3.5	
Palm Beach	4.8	3.2	7.4
Pasco	4.9	3.9	10.3
Pinellas	4.6	3.7	7.6
Polk	4.4	3.7	7.2
Putnam	2.5	1.8	3.4
St. Johns	5.2	5.6	4.7
St. Lucie	3.4	3.3	3.7
Santa Rosa	3.3	2.7	8.3
Sarasota	4.2	1.7	10.9
Seminole	8.5	1.9	13.8
Sumter	4.3	2.7	7.1
Suwannee	4.3	2.5	7.9
Taylor	6.5	4.3	12.1
Union	5.8	3.8	18.8
Volusia	4.7	2.4	9.2
Wakulla	8.6	6.3	12.2
Walton	4.2	3.5	9.1
Washington	3.7	3.3	5.3

Cancer Mortality Rates By States



*Florida Cancer Mortality Statistics for 1938 will appear in Next Issue of HEALTH NOTES.

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FLORIDA

HEALTH NOTES

*Every sizeable community needs the full-time whole-hearted
interest of a well-trained health officer."*

Surgeon General, THOMAS PARRAN

VOL. 32 NO. 5

MAY, 1940

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STATE BOARD OF HEALTH

JACKSONVILLE, FLORIDA

●
LET'S REDUCE MATERNAL-INFANT DEATHS

FLORIDA HEALTH NOTES

ESTABLISHED 1890

JACKSONVILLE, FLORIDA

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Florida Health Notes, published **monthly** on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

Greater Medical Supervision During Pregnancy will Reduce Maternal and Infant Deaths

High death rate in Florida blamed on lack of proper medical supervision during and following pregnancy
State Board of Health plans extensive educational program

For the next year or so, much of the attention of the Bureau of Maternal and Child Health, State Board of Health, will be focused upon educating Florida Women to the necessity of proper medical supervision during and immediately following pregnancy. The bureau is determined to make Florida safer in the future for mothers and babies, and Dr. William H. Ball, director, believes the best and quickest way to accomplish this purpose is to put the problem squarely before the women of Florida.

In 1939, the combined number of deaths in Florida from causes in the maternal and child health scope, which includes childbirth, stillbirths and infant, were almost four times greater than tuberculosis deaths, five times greater than deaths from automobile accidents, three times those from pneumonia and twice those from cancer. The actual numbers are:

Maternal	208
Stillbirth	1,804
Infant	1,532
Maternal-Infant Scope	3,544
Cancer	1,717
Pneumonia	1,041
Tuberculosis	915
Automobile Accidents	622

Physicians attribute this unnecessary waste of human life primarily to lack of proper medical supervision early in pregnancy, and proper medical care during and immediately following delivery. The physicians say, further, that lack of money to procure the required medical supervision and

care is not entirely responsible. It is their experience that many women well able to pay for private physicians do not present themselves until it is almost time for the baby to arrive. By then, many complications which are likely to have developed might have been prevented or overcome had the woman been under the observation of the physician from the very first month of pregnancy. The very latest that a woman should present herself to the doctor in order to insure the greatest amount of safety and health for herself and her unborn baby, is the third month of pregnancy, according to the general consensus of the best medical opinions.

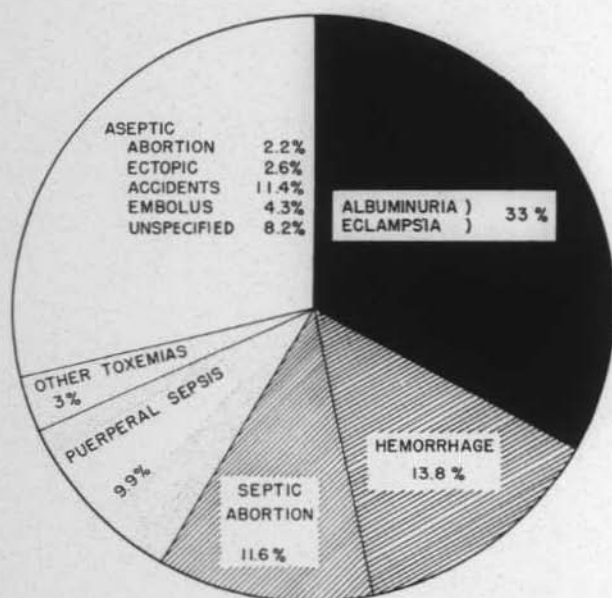
Dr. Ball estimates that 45 per cent of the 3,544 deaths recorded against maternity, stillbirth and infants in 1939 could have been prevented by the application of modern medical knowledge. Many of the stillbirths are attributed to untreated syphilis, which, if the mother had presented herself to a physician before the fifth month of pregnancy, could have been prevented. It is a well known fact that a syphilitic mother, under treatment from at least the fifth month of pregnancy, can give birth to a normal, healthy baby.

The first step in the new program to interest Florida women in saving Florida mothers and babies is the approval by the Board of

Directors of the Florida Congress of Parents and Teachers to devote at least one or two meetings or portions thereof to the subject of infant and child health. This policy goes into effect this Fall and it is hoped that every association of the Parent-Teacher Congress will help in this state-wide health education program.

A similar arrangement has been made with the Florida Federation of Women's Clubs. It is this organization's intention to focus its attention on the prevention of maternal deaths. All local clubs in the Federation will be asked to devote at least one meeting during their next club year to this topic.

MATERNAL DEATHS FLORIDA 1938



Statistics and Graph by
BUREAU OF MATERNAL & CHILD HEALTH
STATE BOARD OF HEALTH

SEPTIC ABORTION	27	11.6%
ABORTION WITHOUT SEPSIS	5	2.2%
ECTOPIC GESTATION	6	2.6%
OTHER ACCIDENT	4	1.7%
PUERPERAL HEMORRHAGE	32	13.8%
PUERPERAL SEPTICEMIA	23	9.9%
PUERPERAL ALBUMINURIA	76	33.0%
OTHER TOXEMIAS	7	3.0%
PHLEBITIS	10	4.3%
EMBOLUS, SUDDEN DEATH		
OTHER ACCIDENTS	22	9.7%
UNSPECIFIED	14	6.0%
NOT REPORTED	5	2.2%

DISTRIBUTION BY CAUSES OF DEATH

Albuminuria, Eclampsia Greatest Cause for Maternal Deaths in Florida During Year 1938

WILLIAM H. BALL, M. D.

Director, Bureau Maternal and Child Health
STATE BOARD OF HEALTH

Highest cause of maternal mortality in Florida is albuminuria, eclampsia (convulsions and kidney disease) . . . It is estimated that approximately many of these could be prevented

A few years ago Florida held the unenviable position of first in the nation in point of high maternity mortality. By 1937 this had been bettered to fifth place, but in 1938 it went back to second, and provisional figures for 1939 indicate that Florida will not be able to improve its position to any better than fifth place if it is able to do that.

In order to successfully combat this, it is necessary to analyze the causes of maternal deaths in Florida. The table below, and the chart elsewhere in this issue should

prove helpful, though of course, it is a well known fact that all causes of maternal deaths would be considerably reduced were the one rule of proper supervision applied to every mother in Florida. Such supervision should be had as early as possible in pregnancy — at the very latest by the third month — and should continue through and immediately following delivery. This would protect not only the mother but also the new-born baby.

The 1938 table and explanation thereof follows:

Maternal Rate — 6.4 deaths per 1,000 live births

231 Maternal Deaths — white 115 — colored 116

	Deaths	Percent of total
(1) Childbirth with convulsions and Kidney disease (albuminuria and eclampsia)	76	33.0
(2) Hemorrhage	32	13.8
(3) Childbed fever (Puerperal Sepsis)	23	9.9
(4) Abortion with infection (Septic abortion)	27	11.6
Abortion without infection	5	2.2
(5) Conception in fallopian tube (Ectopic)	6	2.6
(6) Phlebitis (milk leg), embolus	10	4.3

1. Eclampsia (convulsions with kidney disease occurring in the late months of pregnancy, during the delivery or occurring after the birth of the infant) costs lives of 76 mothers. These seizures of

convulsions are symptoms of a serious disease which is highly fatal to the mother and infant. It most often is associated with or caused by kidney disease. The first signs of eclampsia often show them-

selves a long time before the convulsions strike. The symptom found consists of a rising of the blood pressure, the appearance of albumin in the urine and swelling (edema) of face, hands and legs. The disease eclampsia caused more maternal deaths than any other single cause. It caused 33 % of deaths in Florida in 1938. In the vast majority of cases these eclamptic deaths could have been prevented by adequate medical care of the expectant mother through the entire expectant period. By placing themselves in hands of competent physicians as soon as the pregnancy is known a complete physical examination will be done. This examination includes, besides examination of nose, throat, teeth, heart etc., examination of blood for anemias, syphilis, taking of the blood pressure and chemical tests of urine for albumin and other substances. By regular visits to physician at monthly intervals and weekly intervals in last month of pregnancy. These important examinations will be repeated especially examination of urine and taking of blood pressure.

The symptoms suggesting eclampsia are "blind spots", "blind staggers", severe headaches occurring frequently and rapid gain in weight so that there appears swelling (edema) of face about eyes and hands.

2. Hemorrhage or loss of blood at any time during pregnancy demands immediate medical attention. The slight moderate bleeding during late pregnancy forewarns of probable severe hemorrhage from the low position in uterus (womb) of the placenta (afterbirth). Excessive hemorrhage at or soon after birth of the baby cost lives of 32 mothers. This in large part could be pre-

vented by adequate preparation for every delivery, and the services of a well trained physician for the lying in periods.

3. Childbed fever (puerperal septicemia) is blood poisoning which usually gains entrance into the body from tissues torn or damaged in process of birth. 23 mothers in 1938 lost their lives from this cause, practically all of which could have been prevented by adequate prenatal care, careful preparation for the birth of the baby and services at delivery of a well qualified physician.

In a recent survey of Florida it was found that of the 234 women dying at some stage of pregnancy that only 10 % or 24 had had any or adequate prenatal care. Until expectant mothers learn the value and necessity of good prenatal medical supervision from beginning of the pregnancy until complete physical recovery after the birth of the baby, can we expect any reduction of yearly deaths of over 200 women in this state. The 40-50 % (100 - 115) who die from preventable causes can be saved if every expectant mother will place herself in the hands of a competent physician for supervision and guidance of the many pitfalls in the path of mothers-to-be.

4. Abortion with infection causing 27 deaths could largely be prevented if the prospective mothers are enlightened. The vast majority of these abortions undoubtedly are due to operations performed on unknowing women by incompetent unlicensed charlatans operating under cover. In cases of threatened abortion due to illness or disease, women may protect themselves from the hands of commercial dangerous abortionists by placing themselves under care of a duly and registered licensed physician.

Central Bureau of Vital Statistics

EDWARD M. L'ENGLE, M. D., Director

STATE BOARD OF HEALTH

Deaths from diseases of pregnancy, childbirth and the puerperal state (maternal) recorded and resident and rates per 1,000 live births, by color, by cities.

FLORIDA 1938.

CITIES 100,000 AND OVER POPULATION

CITIES	RECORDED						RESIDENT					
	Mat. Deaths			Per 1,000 Births			Mat. Deaths			Per 1,000 Births		
	Tot.	Wh.	Col.	Tot.	Wh.	Col.	Tot.	Wh.	Col.	Tot.	Wh.	Col.
Jacksonville	22	12	10	7.3	5.8	10.7	14	8	6	5.3	4.7	6.7
Miami	11	7	4	4.4	3.7	6.7	13	9	4	5.3	4.9	6.6
Tampa	4	2	2	2.2	1.3	5.9	2	1	1	1.2	0.8	2.9

CITIES 10,000 TO 100,000 POPULATION

Daytona Beach	3	1	2	9.7	4.7	20.2	1	0	1	3.7	—	10.5
Gainesville	2	1	1	6.2	4.2	12.3	1	0	1	3.9	—	12.3
Key West	4	2	2	17.9	12.4	31.7	4	2	2	17.9	12.3	32.3
Lakeland	7	6	1	18.8	19.4	15.9	6	5	1	17.7	18.2	15.4
Orlando	8	5	3	13.4	10.6	24.0	5	2	3	10.2	5.5	23.8
Pensacola	8	4	4	8.0	4.9	20.9	6	4	2	7.2	6.2	10.6
St. Augustine	3	0	3	11.9	—	46.2	2	0	2	9.4	—	30.8
St. Petersburg	3	1	2	4.7	2.1	12.0	3	1	2	4.8	2.2	12.0
Sanford	0	0	0	—	—	—	0	0	0	—	—	—
Tallahassee	4	2	2	12.5	10.4	15.6	4	2	2	12.2	10.1	15.6
West Palm Beach	5	1	4	9.5	2.7	26.0	3	0	3	6.7	—	19.5

CITIES 5,000 TO 10,000 POPULATION

Bartow	12	6	6	65.6	41.4	157.9	3	1	2	27.8	12.7	69.0
Bradenton	0	0	0	—	—	—	0	0	0	—	—	—
Clearwater	0	0	0	—	—	—	0	0	0	—	—	—
Coral Gables	1	1	0	6.7	6.7	—	0	0	0	—	—	—
DeLand	0	0	0	—	—	—	0	0	0	—	—	—
Ft. Lauderdale	1	0	1	3.8	—	9.4	1	0	1	4.4	—	10.8
Ft. Myers	4	4	0	14.0	16.9	—	2	2	0	8.7	10.8	—
Lake Worth	0	0	0	—	—	—	0	0	0	—	—	—
Miami Beach	0	0	0	—	—	—	0	0	0	—	—	—
Ocala	1	0	1	4.5	—	15.6	0	0	0	—	—	—
Palatka	2	0	2	9.8	—	30.3	2	0	2	13.2	—	30.3
Panama City	1	1	0	3.0	3.6	—	1	1	0	3.7	4.5	—
Plant City	0	0	0	—	—	—	0	0	0	—	—	—
River Jct. (Ex.)	0	0	0	—	—	—	0	0	0	—	—	—
State Hosp.	1	1	0	250.0	250.0	—	1	1	0	250.0	250.0	—
Sarasota	2	1	1	9.5	6.7	16.4	2	1	1	10.4	7.6	16.4
Winter Haven	1	0	1	6.7	—	41.7	2	1	1	13.6	8.3	38.5

CITIES 2,500 TO 5,000 POPULATION

Apalachicola	0	0	0	—	—	—	0	0	0	—	—	—
Arcadia	1	1	0	6.1	7.2	—	1	1	0	13.5	19.2	—
Avon Park	0	0	0	—	—	—	1	1	0	10.9	16.4	—
DeFuniak Springs	2	1	1	37.7	23.3	100.0	2	1	1	35.1	21.3	100.0
Eustis	2	1	1	22.7	15.6	41.7	1	0	1	16.1	—	50.0
Fernandina	0	0	0	—	—	—	1	0	1	11.0	—	22.7
Ft. Pierce	2	1	1	11.4	9.2	15.2	2	1	1	12.0	10.1	14.7
Haines City	1	1	0	12.5	17.5	—	2	2	0	21.3	29.0	—
Hialeah	0	0	0	—	—	—	0	0	0	—	—	—
Hollywood	1	1	0	11.4	12.2	—	1	1	0	13.9	16.1	—
Kissimmee	1	1	0	10.9	13.9	—	0	0	0	—	—	—
Lake City	3	3	0	24.4	31.3	—	0	0	0	—	—	—
Lake Wales	1	1	0	9.3	12.0	—	1	1	0	8.5	11.1	—
Leesburg	2	1	1	12.3	8.1	25.6	2	1	1	16.7	12.0	27.0
Live Oak	1	0	1	16.4	—	71.4	1	0	1	14.3	—	66.7
Manatee	2	1	1	19.4	12.7	41.7	2	1	1	35.7	26.3	55.6
Marianna	2	1	1	20.8	17.5	25.6	2	1	1	21.7	18.5	26.3
Melbourne	0	0	0	—	—	—	0	0	0	—	—	—
New Smyrna	2	1	1	19.6	15.2	27.8	2	1	1	23.5	20.4	27.8
Palmetto	0	0	0	—	—	—	0	0	0	—	—	—
Perry	0	0	0	—	—	—	0	0	0	—	—	—
Pompano	1	0	1	12.2	—	14.9	1	0	1	9.9	—	14.5
Quincy	3	3	0	25.6	36.1	—	1	1	0	10.8	17.2	—
Sebring	2	2	0	20.4	27.4	—	0	0	0	—	—	—
Tarpon Springs	0	0	0	—	—	—	0	0	0	—	—	—
Wauchula	0	0	0	—	—	—	0	0	0	—	—	—
Winter Park	0	0	0	—	—	—	1	0	1	23.3	—	83.3
State	234	116	118	7.5	5.3	12.6	237	119	118	7.6	5.5	12.6

National average maternal death rate for 1938 was 4.4

PROCLAMATION

State of Florida, Executive Department Tallahassee



WHEREAS, the President of the United States, in conformity with a joint resolution of Congress, has proclaimed May 1 as National Child Health Day; and

WHEREAS, the children of Florida constitute our most valuable asset; and

WHEREAS, it is our desire to do everything possible to improve the health of our children;

NOW, THEREFORE, I, Fred P. Cone, by virtue of the power vested in me as Governor, do hereby proclaim May 1 of this year as

CHILD HEALTH DAY IN FLORIDA

and do urge all schools and civic organizations and all individuals to seriously consider the health needs and problems of their communities, and to observe the day by such exercises as will awaken the people of the State to the necessity of a year-round program for the protection and development of the health of Florida's children.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida.

FRED P. CONE,
Governor.

(SEAL)

ATTEST:

R. A. GRAY,
Secretary of State.

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FLORIDA

HEALTH NOTES

High rates from preventable diseases year after year are a reflection on public intelligence, an indictment of the integrity and honesty of governmental bodies as well as a rebuke to the sincerity and competency of existing health agencies." B. McCREARY, M. D. (1936, Ten Months of Public Health, Northampton County, Virginia).

DL. 32 NO. 6

JUNE, 1940

OFFICIAL PUBLICATION

STATE BOARD OF HEALTH

JACKSONVILLE, FLORIDA

DISEASE MEASURES COMMUNITY'S "I. Q."

Swimming Safety

Medical and sanitary sciences have proved that swimming places, such as pools, springs, rivers and beaches are frequently the means of conveyance of infectious diseases and other painful physical disturbances. Swimming pools improperly cared for have been the source of eye, nose, throat and ear infections, and contraction of such diseases as typhoid.

Because of these facts, and in order that control measures might be instituted to protect the bathers, the State Board of Health in 1919 sponsored a bill which was passed by the Legislature. That statute provides for the "sanitation, healthfulness and cleanliness of Swimming pools, Public Bath Houses, Swimming and Bathing Places; Regulating and Granting and Revocation of Permits Therefor from the State Board of Health, Providing for the Inspection of Such Places; declaring Places and Things in Violation of This Act to be Nuisances, Dangerous to Health, and Providing for the Abatement of the Same; Making Violations of This Act Misdemeanors; and Providing for the Punishment of the Same."

Thus, the Act places the control of bathing places directly under the supervision of the State Board of Health. Florida was the second State in the Union to have such an Act passed, and today bathing place sanitation has assumed the proportions of a major public health problem.

All public swimming pools and bathing beaches in Florida must receive a State Board of Health permit before attempting to operate. Such permits are given only after sanitary regulations have been complied with. Furthermore, the State Board of Health insists upon approving plans of new swimming pools before actual construction begins.

Where it is found that a public swimming pool in the State does not have a State Board of Health permit, it is an indication that the pool does not meet requirements, or is operated in violation to State Law, and therefore, should be avoided by the public.

Although state permits are not considered for surface water bathing places such as lakes, rivers and springs, still the State Board of Health does inspect and approve these places, and the public is taking a great risk to swim in inland bodies of water which have not been so inspected and approved. Such water, unless properly protected and controlled, are subject to surface drainage and contamination from public sewers, storm drainage or sewerage disposal from individual homes.

Upon receipt of a request, a representative of the State Board of Health will conduct the necessary survey of the area surrounding any body of water being considered as a bathing place, and if it is deemed advisable, samples of water will be collected to determine safety for such use. Points considered in making such inspections include bath house sanitation, proper method of waste and sewerage disposal, safe drinking water supply and proper drainage.

FLORIDA HEALTH NOTES

ESTABLISHED 1890

JACKSONVILLE, FLORIDA

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HON. FRED P. CONE, Governor of Florida

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A. B. McCREARY, M.D.
State Health Officer

Disease and Death Rates Measure Community 'I.Q.' Says State Health Officer

A. B. McCREARY, M. D.

Florida State Health Officer

Public health, an arm of Democratic government, depends upon public interest for its success and efficiency, just as does other governmental departments. . . .

At the present time much is being written about Democracy and much about public health.

Open forums in many cities are bringing forcibly to the attention of the public the duties and responsibilities of the people who live in that cooperative form of government known as Democracy. The success of Democracy depends upon the cooperation of an informed, intelligent and thoughtful suffrage dedicated to the promotion of better government. Democracy must be a vivid, living, healthy force, capable of reason and capable of action. Carelessness and negligence are just as great enemies of Democracy as ignorance and illiteracy.

When ignorance leads to disease, and disease to destitution, a distinct menace to Democracy and freedom is constituted. In Florida there can be no freedom while 12,000 persons die every year from partially preventable causes; no safety while 186,000 of our people are shackled by hookworm; economic progress while 102,000 residents are enslaved by malaria and 8,000 by tuberculosis, of which nearly 1,000 die; no liberty while 170,000 are enmeshed in the web of syphilis.

Yet appropriating bodies continue to allot millions as tribute to disease and crime, and thus far not one sound reason has been advanced to justify this action. Since the disease and death rate of a community is considered an index to its Intelligence Quotient, it would seem that those communities that permit waste of tax monies by allowing preventable diseases to flourish, reduce their "I. Q.'s" to the lowest common denominator.

Diseases add to the relief rolls and subtract from the efficiency of the individuals who make up the population of a community. Diseases fill the charity hospitals and Potter's Fields, and in many instances make families dependent upon the community for support. How much more of an indictment of a community's I. Q. is it if these diseases are largely preventable, as are 12,000 of the deaths in Florida each year? It is difficult to understand how such a condition is permitted to continue in the face of the fact that it is cheaper to prevent disease than to cure it, and sounder economics to prolong the lives of those who hold our families together.

Public health is an arm of government and as such is a reflection of government. If the citi-

entry takes little interest in governmental affairs, it is not at all unlikely that there will be considerable mismanagement and waste in that government. If the citizenry lacks interest in the government as a whole, they are very apt to display little or no concern over that branch responsible for protecting the public health.

Lack of interest on the part of the people in the management of government and all its branches creates a paradoxical situation. Since it is the people's money that supports government, it would seem that the people should be eager to keep their fingers on the government's purse strings, and anxious to see that their money was not wasted on mediocre services, either in public health or any other branch of government.

The best scientific thought in medicine and public health has long ago decided that the most efficient means of rendering adequate health service to a community is through a full-time, properly trained health service administered in cooperation with the State and neighboring communities. This means a full-time public health physician directing full-time personnel of properly trained public health nurses and sanitarians.

The new Florida program of public health is designed to bring enlightened health knowledge to every community and rural area in the state. This program is strictly streamlined and unionized. It is the result of united thought, united planning and united action.

We have passed the stages of thought and planning and are now at the point of action.

The recommendations made by the American Public Health Association field workers released August, 1939, not only have the approval of the U. S. Public Health Service and the State Board of Health, but of the Florida Medical Association, and all interested professional and lay groups.

One of the most gratifying results of the American Public Health Association Survey is the spirit in which the Chambers of Commerce in the state and the State Association of Real Estate Boards and the Commercial Secretaries Association have accepted it. The health department is deeply conscious of the fact that the job of these organizations is to sell Florida to tourists and to new industries. They are continuing to sell Florida, but from all I hear are adopting a new technique that will instill the confidence of the public, both Floridians and visitors. We have come to the realization that it is bad advertising to lure people to Florida on the pretext that our sunshine is a "cure-all". Then, after they arrive have them find from bitter experience that there is also an abundance of malaria, hookworm, syphilis and tuberculosis. Instead of the former "hush hush" policy, we will henceforth pursue that honest and forthright method of admitting our problems and publicizing what we are doing to solve those problems.



Surgeon General Discusses Immediate Health Problems, One of which is Typhus Fever*

THOMAS PARRAN, M. D.

Surgeon General, U. S. Public Health Service

Lest we be lulled into complacency by recent accomplishments, let me sound a note of warning in respect to possible outbreaks of plague, typhus fever, yellow fever, or smallpox. Murine typhus infection is endemic in several Southern States. The incidence of human typhus fever seems to be increasing within these States and the disease is extending to surrounding territory. At present the infection is spread by rat fleas but epidemiologists suggest the possibility of louse borne typhus, especially if the infection should become established in northern industrial centers.

Yellow Fever.

For a number of years this country has escaped the ravages of yellow fever. This good fortune may be credited to our rigid quarantine practices and to geographic separation from infected places. Air transportation, however, has lessened this separation in terms of travel time and has rendered effective quarantine much more difficult than it was in former years when ships afforded the only means of conveyance.

Laxness in Vaccination.

At almost every Conference it is necessary to call attention to the high proportion of people who fail to be vaccinated against smallpox. Earlier in the year reports coming to the attention of the

Public Health Service suggested that smallpox might assume epidemic proportions. Fortunately, the immediate danger has passed, but perhaps this experience may be a warning of hazards that lie ahead unless preventative measures are instituted.

Call to Action.

The Public Health Service calls on all Western States to become more aware of their potential plague problem and on the Southern States to take aggressive steps with respect to typhus fever. Especially the Gulf and South Atlantic States must cooperate with the Federal Government on measures to exclude yellow fever. All States seem about equally remiss in failing to promote vaccination against smallpox.

Sulfanilamide.

The introduction of sulfanilamide and related products places in our hands a powerful weapon against several diseases which hitherto have baffled health officers. Judging from the limited experience so far accumulated, one might envisage the ultimate eradication of gonorrhea, lymphogranuloma, and trachoma. These attainments, of course, call for aggressive programs which must be nation-wide in scope.

In this connection, too, mention should be made of the profound

*The first of two articles based on abstracts of addresses at 38th annual Conference of State and Territorial Health Officers, Washington, D. C., May 9, 1940.

change which the aforementioned drugs have exerted on programs of health departments designed to reduce mortality from pneumonia. The results obtained from the use of sulfapyridine alone have been so striking as to induce many health departments to abandon their pneumococcus typing service and the distribution of therapeutic serum. Further experience may show this action to be unwarranted.

The Public Health Service is now conducting, in cooperation with hospitals and clinicians of representative areas, an extensive study to evaluate the several types of therapy that have been suggested for pneumonia. Within a year the results of this study should be available, and we shall then be in a much better position to advise with respect to essential diagnostic procedures, methods of care, and to the part that should be assumed by health departments.

Nutrition in Public Health.

Recent studies in the field of nutrition suggest great possibilities for the enhancement of life by dietary measures. Heretofore, health workers could do little more than urge a balanced diet, and even this advice was given in the most general terms. Health officers, of course, must add their influence to any measure that will promote a more abundant food supply and a diversification of family diets. It would seem, however, that the future role of the health department is to be more technical in character. Its functions are likely to be the determination of specific nutritional deficiencies through exact clinical laboratory tests and the prescription of exact remedial measures.

Housing Presents a Problem.

Along with the progress that is being made in the field of nutrit-

ion, it is becoming increasingly apparent that health officers must turn their attention to stronger assistance in the solution of another age-old and basic health problem, the problem of inadequate housing. Programs now being carried on under recent housing legislation have made a real beginning in the amelioration of conditions of substandard housing. The health departments have a tremendous stake in these programs both from the standpoint of the physical as well as mental health benefits that may be expected to derive from the improvement in housing conditions.

Public Awakening.

Health departments cannot retain their position of importance in the community if they continue to neglect those problems that impress the citizens as being most important. In the public mind it matters little which technique or discipline may be required for the accomplishment of a given purpose. If a particular health objective may be pursued most expeditiously through organized community effort, then its attainment becomes a public health problem.

Hitherto, it was the professional groups who assumed the major burden for advancing the public health movement and determined the program content. At last the general public has become informed on such matters and is beginning to assert its views. Popular notions as to what should be done and the methods for doing the job are apt to be at variance with those of professionals accustomed to another dispensation. As yet popular opinion has not become particularly definitive in matters pertaining to individual and community health, but a clear-cut public policy is almost certain to grow out of awakening interest.

A. P. H. A. Official Praises Florida

•

The Florida State Board of Health and the State-Wide Public Health Committee were accorded high praise by Dr. Carl E. Buck, of New York, field director for the American Public Health Association, in a talk before the annual convention of the Florida Conference of Social Work which was recently held in Jacksonville. "However", cautioned Dr. Buck, "if public health in Florida is to advance in the immediate future as far as it has in the past year, it must have the support of every citizen and community in the State."

Dr. Buck did not refer to financial support. He was speaking

of the support gained from complete understanding of the public health program being promoted by the State Board of Health. "It is not enough that public health officers know what they are doing," Dr. Buck said. "The entire public, including both lay and professional groups, must know about the public health program too if that program is to be a success."

"No State could more conscientiously strive to put any survey into effect than has Florida," Dr. Buck concluded. "I have nothing but the highest praise for Dr. McCreary, your State health officer and his associates."

Federation Health Committee

•

Mrs. Thurston Roberts, president of the Florida Federation of Women's Clubs, reports that a Special Health Committee has recently been created by the Federation. This is for the purpose of lending greater emphasis to public health work among the women's clubs of Florida, according to Mrs. Roberts.

Mrs. S. E. Montgomery, Apalachicola, is chairman of the Health committee, which is to be known officially as the Division of Public Health. This choice is especially appreciated by public health workers because Mrs. Montgom-

ery has been active in public health work for a number of years and is therefore thoroughly familiar with the problems confronting the state.

The Florida Federation of Women's Clubs, has been a guiding force in the State-Wide Public Health Committee and has had representation on the latter's Executive Board from the very outset. Mrs. Roberts was a member of the small group that planned the State-Wide Committee after reviewing preliminary findings of the American Public Health Association.

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**FLORIDA
Public Health Association
Convention**

Tampa

Headquarters, Tampa Terrace Hotel

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FLORIDA

HEALTH NOTES

Florida has sufficient resources together with federal grants to provide an adequate health program. To fail to provide that program is to display inexcusable stupidity."

DEAN WALTER J. MATHERLY, University of Florida

VOL. 32 NO. 7

JULY, 1940

OFFICIAL PUBLICATION

STATE BOARD OF HEALTH

JACKSONVILLE, FLORIDA

FLORIDA'S PLACE IN HEALTH AND WEALTH

To Fail to Provide Adequate Health Program for Florida "Is Inexcusable Stupidity"*

WALTER J. MATHERLY

Dean of Business Administration

UNIVERSITY OF FLORIDA**

Florida's low record in health must be placed on par with its high record wealth if State is to prosper, says Dean Matherly . . . State has many assets, few liabilities

The position which Florida occupies among the forty-eight states today is entirely different in character from the position it occupied yesterday. The State of Florida in which we live, move and have our being in 1940 is not the same Florida as that of fifty years ago; neither is it the same Florida as that of even twenty-five years ago; it has undergone a series of fundamental changes—political, social and cultural as well as economic. No longer are we an infant state of self-sufficing farmers, of self-contained lumber-mill

communities, of small isolated tourist towns and cities; we have grown up; we have achieved adulthood; we have become a mature state of interdependent business enterprisers, of interconnected recreational and distributing centers, of interrelated urban communities. We have attained high distinction not only in the South, but also in the nation. Consequently, the problems with which we are challenged in the present differ radically from those with which we were challenged in the past.

*Speech delivered before annual banquet Florida Tuberculosis and Health Association, May 14, 1940, Orlando, Florida.

**Dean Matherly is also president of Alachua County Health and Welfare Council, affiliate of State-Wide Public Health Committee.

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HON. FRED P. CONE, Governor of Florida

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A. B. McCREARY, M.D.
State Health Officer

Florida occupies a high position in natural resources and population growth. What is Florida? What Florida is, or even expects to be, is determined largely by its physical environment. Geographic location fixes our wealth-getting, our modes of conduct, our attitudes toward life in general, our achievements as a people. In Florida we produce citrus fruits, engage in naval stores production, grow winter vegetables and operate tourist hotels not so much because we like or have the innate capacity to do these things successfully but because we live in an environment where we cannot profitably do anything else. *We are what we are largely because we are where we are.*

Florida occupies a unique situation among the states. It is distinctly a water-front commonwealth. It has a shore line, exclusive of bays and inlets, 1,148 miles in length, greater than that of any other state in the United States. Due to the peculiarities of its shore line it has been called "the chin whiskers of Uncle Sam." On the east it looks out on the mighty Atlantic; on the south and primarily on the west it looks out on the peaceful Gulf; and on the north it looks back toward the industrial and agricultural heart of the United States. With an area of 54,861 square miles, it is larger than the state of New York by 7,000 miles and yet has only one-twelfth of the population of New York. It stands twenty-first in area among the states of the union. It is blessed in many ways both by its size and its geographic location. It is bound to progress, to progress mightily, if physical environment richly endowed with abundant

natural resources means anything in the history of man.

The population of Florida increased from 968,000 in 1920 to 1,468,000 in 1930, an increase of 51 per cent. Among the states of the union, Florida stood second to California in percentage of increase in population from 1920 to 1930 and Texas stood third. In 1930 Florida ranked thirty-first in population among the forty-eight states. The average number of its inhabitants per square mile was only 26.8 as compared with 39.9 for the South and 40.5 for the United States. Florida could increase its population from 1930 to 1940 at the same rate it increased it from 1920 to 1930 and still have a density of population only slightly greater than that of the present population of the United States. In 1935 we had already increased our population to 1,600,000. In addition to our permanent population we have hundreds of thousands of winter and summer visitors who pour into our towns and cities.

Florida's wealth and income—

Florida occupies a high position in wealth and income. The wealth and income of Florida depends upon three major types of economic effort: First, agriculture; second, manufacturing; and third, recreation. Agriculture in Florida in normal times yields annual products equal to a gross value of from \$125,000,000 to \$150,000,000, the yield in 1937 amounting to \$146,000,000. Manufacturing enterprises in 1935 yielded products amounting to a total of \$163,000,000. It has been estimated that the tourist industry produces an annual return ranging all the way from

\$150,000,000 to \$250,000,000. Other business enterprises of many kinds contribute to the wealth and income of Florida, but accurate figures are not available concerning the contributions they make except in the case of wholesaling and retailing. In 1935, 24,330 retail enterprises reported a combined gross income of \$425,000,000. In the same year 2,239 wholesale enterprises reported a combined gross income of \$399,000,000.

In 1928, the estimated per capita wealth of Florida amounted to \$2,049 as compared with \$3,000 for the United States. In 1937 the estimated per capita income of Florida amounted to \$434 as compared with \$530 for the United States. This means that if in those years our total wealth as well as our total net income had been distributed equally among all of our inhabitants, each man, woman and child would have \$2,049 of wealth and \$434 of income. It means also that if each man, woman and child in Florida is to be as well off as each man, woman and child in the United States as a whole, we must increase our per capita wealth from \$2,049 to \$3,000 and our per capita net income from \$434 to \$530. Florida stands second in per capita wealth and first in per capita income in the South.

Ranks high as all-round state

Florida ranks high as a general all-round state both in the South and in the nation. Mr. H. L. Mencken and Mr. Charles Angoff, in a series of articles in the *American Mercury* for September, October and November, 1931, attempted to determine

"the worst American state." They considered 63 items involving wealth, health, culture and education and then combined these various items into composite rankings. Out of these composite rankings the South emerged woefully behind the other sections of the United States. In these rankings, however, Florida was given a high rating. It was placed third among fifteen southern states including Arizona and New Mexico and thirty-fourth among the forty-eight states of the nation.

Dr. Samuel Huntington Hobbs of the University of North Carolina has attempted similar rankings of the various states. Like Mencken and Angoff he used 63 items involving wealth, health, culture and education. In his rankings he places Florida first among fifteen southern states and thirty-fourth among the forty-eight states. According to Dr. Hobbs, the first five States or the five best states are California, Nevada, Washington, New York and Iowa. According to Mencken and Angoff, the first five states or the five best states are Massachusetts, Connecticut, New York, New Jersey and California. Mr. Rupert Vance in his book *Human Geography of the South* has appraised the results of both of these studies on the basis of regions rather than on the basis of invidious distinctions of worst and best state. "On this basis," he says, "southern states fall into distinct groupings. Florida with its mixed population of northern leisure class and southern 'crackers' and its unique economic situation stands first among southern states. The newer Southwest of Texas and Oklahoma vies with the upper

South of Virginia, Kentucky, Tennessee, and North Carolina for the next ranking position. Last in the nation comes the deep South of Georgia, Alabama, South Carolina, Arkansas, Mississippi." Louisiana is lifted out of last place because of its oil industry and the commercial supremacy of New Orleans.

—But low in health

While Florida ranks high in wealth, in natural resources and in population growth and as an all-round state it ranks low in health. This is not an idle statement, nor is it a statement of which we can be proud. I make it only after examining all the facts and figures taken from *The Health Situation in Florida*, a report of a study made by the American Public Health Association, January 1 to June 30, 1939.

The major health problems of Florida are of several kinds:

- (a) Hookworm—"exists to an alarming extent;" "altho concentrated in certain areas it affects economic complex of whole state." In a study of 56 counties, it was found that over 70 per cent of the population in three counties were infested and in the remaining number the per cent showed a gradual downward trend to 7.1; highest in west, next in northeast, next central and lowest in south Florida; in nine southernmost counties there is little hookworm due to soil of coral origin which interferes with extra-host cycle of the hookworm; hookworm is most prevalent in age groups from 15-19 years; it is estimated that 186,000 persons were affected in rural areas in Florida; negro rate is about half that of the white; rarely causes death but destroys efficiency and leads to other diseases; it can be eradicated.
- (b) Malaria—"The high incidence of malaria in certain areas of Florida is related to many thousands of small lakes and swamps where mosquito control is difficult. There are four counties with a malaria death rate of over one hundred per hundred thousand population, an exceptionally high rate. In sixteen counties, the malaria death rate exceeds fifty per hundred thousand population. In 1937 death rate was 12.2 for whole state with only Arkansas, South Carolina and Mississippi with higher rate. Annually, in the whole state, there are 340 deaths from malaria—an average over a five year period. Applying the conservative estimate of 300 cases per death, there are at least 102,000 cases of malaria in the state." Malaria, unlike hookworm, sometimes causes death; it often leads to complication; it can be eradicated; it is a disgrace to an intelligent people.
- (c) Venereal diseases—"It is stated, and by reliable sources, that the case rate of syphilis and gonorrhea in Florida equals if not exceeds that of any state in the Union. The definite figures to substantiate or refute this assertion are not available, but it is reasonable to assume that Florida has a venereal disease problem of importance and magnitude. It is estimated that one out of ten of the adult population in Florida is infested with syphilis—highest death rate from syphilis in 14 southern states in 1937—and that there are thousands of cases of gonorrhea;" only small number receive adequate treatment due to (1) failure to recognize disease, (2) lack of easily accessible treatment and (3) tendency to go to quacks.
- (d) Tuberculosis—"The tuberculosis death rate in Florida, though not extraordinarily high is nevertheless considerably higher than in the United States as a whole, and is showing a gradual increase. In 1937, a total of 966 persons died from tuberculosis in Florida. It follows that there were at least 7,700 cases of tuberculosis in the state in that year."
- (e) Pneumonia—"It is the common belief that pneumonia is not present to any extent in Florida. But in 1937 pneumonia was responsible for the death of 1,227 residents of the state. For four years previous to 1938, it was the

fifth leading cause of death." In 1937 it had fewer deaths from this cause than of 14 southern states.

- (f) Maternal mortality—"A few years ago Florida held the unenviable position of having the highest maternal mortality rate of any state in the Union. Recently this has been reduced and in 1937 Florida's maternal death rate was fifth from the highest among the forty-eight states. At least 40 per cent of these lives could have been saved."
- (g) There are other diseases such as diarrhea and enteritis with 280 deaths in 1937, pallegria with 103 deaths in 1937, typhoid fever with 50 deaths yearly and typhus fever with 107 deaths in 1937 which take their tolls and which can not be ignored; moreover there is always the possibility of yellow fever coming into Florida through our airways and our seaports.

Why?

These facts as to Florida's health situation are unpleasant. While Florida has made great progress, we need to know why we have not made even greater progress than we have. We must understand not only why we are great, but also why we are not greater even than we are. We must have the facts—all the facts about Florida. *It has frequently been pointed out that we are afraid of the facts in Florida in particular and in the South in general. "To be able to face unwelcome facts is," someone has said, "the test of human intelligence."* Even when we possess the facts we too often refuse to use them or to weave them into the fabric of our thinking. We must know before we can do. We must analyze and plan before we can act intelligently. Mere opinions or extravagant statements unsupported by facts have no place in any modern undertaking.

When we know the facts, the facts of health as well as other facts, and when we have drawn up a balance sheet of our assets and liabilities, we must proceed *not only to formulate but also to put into effect a program of state-wide cooperation which will enable us to increase our assets, and to decrease our liabilities.* That program must include the State of Florida first, sections second, and local communities third. The program must be planned, carefully planned, planned to extend over a period of years. We cannot afford to act on hunches or to move in uncertain directions. What we do must be done with precision. *Before we can prove our worth to the outside world we must prove our worth to ourselves.* We can not sell Florida abroad until we first sell it at home, until we first know ourselves, until we first get together under a statewide banner.

Disease effects entire State—

While Florida occupies a high position in wealth and income, that wealth and income is not equally distributed among the counties. While some diseases are localized in certain areas, the economic losses suffered there-by are state-wide in character.

- (a) Per capita wealth based on assessed valuation in 1938 varied from \$70 in some counties to \$481 in other counties, the average being \$314; low economic levels in certain counties are directly related to acute health problems; lowest per capita wealth is in northwestern and northeastern parts of state; it is in these areas that health problems are most difficult and where heavy subsidies are required if health protection is to be provided.
- (b) In the least prosperous northwestern counties is where the high-

est infestation of hookworm is found; also malaria is serious in this area; but hookworm and other diseases are also found extensively in other areas.

To increase our wealth and income we must begin with health. Sick people can not produce; they can not earn their way; they represent an economic burden which must be taken care of by the economic system as a whole. The healthier the people are the wealthier they are. *"Florida has sufficient resources together with federal grants to provide an adequate health program. To fail to provide that program is to display inexcusable stupidity."* The American Public Health Association in its thirty-seven recommendations has shown us the way. Will we accept that way? The answer is in the affirmative, since we have already put into effect eleven of these recommendations and added two new full-time county health units—Dade and Hendry counties—to seventeen county health units already in existence.*

To put the other twenty-six recommendations into effect and to improve Florida's position in health as well as wealth, doctors, nurses and laymen alike must unite in a state-wide health crusade. Doctors want patients and patients want doctors. Public health does not interfere with the regular practices of the medical profession; it does not mean socialized medicine; it does not deprive physicians of income. On the contrary, it increases the volume of medical practice and enlarges the income of physicians. When food handlers and school children are re-

quired to undergo medical examination, when state laboratories distribute free vaccines of various kinds, when state laws require physical examination of men and women prior to marriage, when crippled children are provided with treatment and when other kinds of public health work is carried on, doctors and nurses whether in private practice and hospitals or public health departments and sanatoriums are required to extend their activities, and are enabled thereby to increase their incomes. In Michigan, according to Dr. C. C. Young, Director of Michigan Health Department Laboratories, "public health activities of various kinds mean annual cash income of \$4,635,000 for doctors and their organizations." *Public health needs competent doctors and nurses, and competent doctors and nurses need public health.* To raise the level of Florida's health, as well as Florida's wealth doctors and nurses engaged in private practice as well as in public health work must unite with laymen in a state-wide health crusade.

Units Against Hookworm

Gadsden and Leon County Health Units have reported to HEALTH NOTES considerable activity in Hookworm Prevention. Their efforts are newsworthy because hookworm is one of Florida's most serious health and economic problems.

*Since this sheet was written six more counties have signed contracts for full-time Health Units: Hamilton, Levy, Nassau, Okechobee, Osceola, Walton.

Greetings!!!

ALLAHSEE FLA
STATE LIBRARY
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Wm. H. PICKETT, M. D.

Assistant State Health Officer

•

—Greetings to My Fellow County Health Officer "Buddies".

This is just a message from a "misplaced" county health officer who no longer has the joy of heading an intensive program in one of Florida's choice counties but one who has bit off a huge "bite" which may choke him to death. Let's hope not!

You can do as much or more to prevent my choking by continuing to carry on your fine intensive county programs if you stay *put* until you and your programs are sold. And "selling your program" also means that at the same time you must sell yourself. You and your program are one entity.

You are pioneering in your county's health work and because of the great need as well as increasing public demand you will experience a very great expansion in the establishment of correct county health programs in Florida in a very few years. Threatening war or even war itself does not lessen the necessity for health programs at home. On the contrary war, or the preparation for war will greatly increase the demands on our health programs.

The county you are now serving has shown, by appropriating the hard cash, that they need and appreciate you and your staff. The State Board of Health and allied agencies, State and Federal, need and want you and your program to get results but please do not become discouraged if you cannot show great results after one or even two years of diligent effort and hard work. By the end of the third year the results will begin to show for themselves in the form of lower morbidity and mortality rates.

It is a mistake for any health officer to leave any county until he has successfully served a minimum of three years in his original county. A change of directors or other personnel, who are doing good work where located, may upset the "apple cart" before the benefits of the programs have a chance to become self evident.

There is no reason why promotion cannot take place as a result of work in one county as well as in any other.

After all, we first of all want to render the greatest service possible where it is needed most and certainly many of our more or less rural counties fill this order exactly.

BILL PICKETT

FLORIDA

HEALTH

NOTES

QUACKERY ON INCREASE

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Venereal Disease Quackery On Increase According to U. S. Public Health Service

Indications are that more people go to quacks for diagnosis and treatment than to reputable physicians . . . most remedies worthless . . . public greatly in need of education as to dangers

VENEREAL disease quackery is on the increase and today constitutes one of the major obstacles to the public health control of syphilis and gonorrhea, officers of the U. S. Public Health Service state.

Drug store "back counter prescribing" has increased substantially during the past several years. Many different "patent remedies"—produced both locally and on a national scale—are on the market and sold in large volume. There is indication that the sales curve has been rising during the past six or eight years.

Large numbers of unethical practitioners—"men's specialists," herbalists, mail order experts—are active, although quack advertising has apparently decreased in volume.

Quacks Get More Patients

More persons evidently are going to drug stores and quacks for diagnosis and treatment of venereal disease than are going to reputable physicians. Exploitation of persons who are—or think they are—sick with gonorrhea or syphilis runs into tens of millions of dollars annually.

These trends are reported in a survey conducted by the American Social Hygiene Association in cooperation with the United States Public Health Service ("Illegal and Unethical Practices in the Diagnosis and

Treatment of Syphilis and Gonorrhea," by Mary S. Edwards, Statistician, and Paul M. Kinsie, Chief of Field Study, of the American Social Hygiene Association; published in the January, 1940, issue of *Venereal Disease Information* of the Public Health Service).

Personal interviews by trained investigators posing as "friends" of presumably infected persons were carried on in 1,151 drug stores in 35 cities in 26 States. Sixty-two percent of the drug stores visited diagnosed the diseases and offered to sell remedies for alleged syphilis or gonorrhea, especially the latter. Thirty-one percent did not attempt to diagnose, but stocked and were willing to sell bottled remedies, especially when asked for them by name. About half of those who sold remedies urged the inquirer to see a doctor. Only 7 percent of the entire number refused to diagnose or sell remedies.

Most Remedies Worthless

About 30 different preparations were found to be generally available as remedies throughout the nation. Only 3 or 4 were recognized drugs, the remainder consisting of completely worthless mixtures as far as any effect on syphilis or gonorrhea was concerned. Mixtures made from such ingredients as boric acid, berberin, glycerin, etc., of only a few cents value are sold at prices ranging from \$1 to \$3 a bottle.

A similar survey of counter prescribing was made in 1933, and comparison of data indicates a rise in illegal practices. In 1933, 51 percent of drug store clerks interviewed were counter prescribing; in 1939, 62 percent. In 1933, 17.5 percent did not diagnose but would sell remedies on request; in 1939, 31 percent fell in this group. In 1933, 32 percent refused to diagnose or sell remedies; in 1939, only 7 percent.

"Since quackery, like bootlegging, is an undercover racket, it is difficult to measure in volume," the authors point out. They report, however, extensive advertising by quack doctors in local dailies, the foreign language and Negro press, and in pulp periodicals. Advertising, however, seems to be less extensive than 10 years ago.

In 18 cities no advertising specialists were found in the time allotted to study. In 17 of the 35 cities, 44 advertising "men's specialists" were found, and 48 herbalists. All of the former and 36 of the latter were personally visited by investigators posing as patients.

Gullibility Due To Ignorance

"It was the opinion of these observers," the survey states, "that people today are not as gullible as in former years in regard to the extravagant claims of street guides and handbills. In their actual ignorance, however, they are in great numbers attracted into pretentious looking offices equipped with all sorts of electrical devices in which a dignified staff offers free consultation service and X-ray diagnosis for \$1 to \$2.

"The patient's ailment, real or imaginary, seems of secondary importance. The substance of the first question is generally, 'How much can you pay?' however guarded the language. Discreet inquiries are made relative

to the patient's earnings, and tentatively a monthly fee is mentioned.

"One quack in a western city said bluntly: 'If I told you I'd cure you for \$300, could you pay it? Have you got that much? Could you raise it? Well, why ask a foolish question? You say you make \$100 a month. You pay me \$30 each month and I'll tell you when I think you are cured.' "

Inquiries were made of 1,156 "men on the street" for advice about what to do for a venereal disease. "Treat yourself" or "Go to the drugstore" was the advice of 65 percent. Only 31 percent suggested going to a physician or clinic, and 3 percent didn't know what to do. A comparable study in 1933 of 2,175 individuals revealed less "bad advice"; 57 percent, more good advice; almost 40 percent, about the same ignorance.

Much Education Needed

"Obviously," the authors conclude, "a huge educational task yet remains to teach the general public not only the facts about syphilis and gonorrhea, but also the necessity of seeking qualified medical care."

Advertising "specialists" and herbalists were not only visited personally but letters were written to them by an investigator posing as a patient with symptoms suggestive of syphilis or gonorrhea. In every case a prompt reply offered a remedy at prices ranging from \$1 to \$15, or a "course" of treatment, usually for a higher figure.

The 1933 survey queried 5,300 druggists to determine how many persons applied for venereal disease remedies. On the basis of this sample, it was estimated that 700,000 persons believing themselves to have syphilis, and 4,200,000 with possible gonorrhea, inquired at drug stores. This compares with estimates show-

ing that about one million persons with old and new cases of syphilis go to doctors for treatment each year for the first time, and about 1,600,000 persons with gonorrhea seek treatment for the first time each year.

"Cruel and Dangerous Racket"

"If five million infected persons", the report points out, "apply at drug stores annually, if nearly every city supports a number of quacks and charlatans with business prosperous enough to pay for a tremendous volume of advertising in newspapers and magazines, if despite court judgments against them manufacturers can still make and sell over long periods of years a multitude of bottled 'remedies', these indications alone point to a huge bill paid by the sick public for a cruel and dangerous racket. That this figure must amount to tens of millions of dollars is certain."

Three lines of remedial action are suggested:

1. Suppression of the quack druggist and continued information for all druggists, through schools

of pharmacy, pharmaceutical associations, and trade and professional journals.

2. Eradication of quackery—both the unethical practitioner who directly dispenses so-called treatment and the mail-order medical man.
3. Education of the public.

States and cities surveyed in the study were: Alabama, Mobile and Montgomery; California, Los Angeles and San Francisco; Colorado, Denver; Connecticut, New London; Florida, Pensacola; Georgia, Atlanta; Indiana, Gary and Indianapolis; Louisiana, New Orleans; Maryland, Baltimore; Maine, Portland; Massachusetts, Springfield; Minnesota, Minneapolis, St. Paul and Duluth; Mississippi, Gulfport; Missouri, St. Louis and Kansas City; Nebraska, Omaha; Ohio, Cleveland; Oklahoma, Oklahoma City; Oregon, Portland; Pennsylvania, Erie, Pittsburgh and Philadelphia; Rhode Island, Providence; Tennessee, Memphis; Texas, El Paso and Houston; Utah, Salt Lake City; Virginia, Norfolk; Washington, Seattle; Wisconsin, Milwaukee.

Professional Relations Program Inaugurated by State Planning Board

P. A. FOOTE, Ph. D.

Director

SCHOOL OF PHARMACY, UNIVERSITY OF FLORIDA

Florida formulary for prescribing of U.S.P. and N.F. drugs is first undertaking . . . new program has endorsement of Florida Medical Association and Board of Control of University

FOR a long time there has been a feeling on the part of many Florida pharmacists that better professional relations should be developed between physicians, dentists, nurses and pharmacists. The initial step was recently taken by the Florida State Board of Pharmacy by financing a Bureau of Professional Relations in the School of Pharmacy at the University of Florida. The Director of the Bureau is Dr. P. A. Foote, Director of the School of Pharmacy. The Associate Director has not yet been appointed. Most of the active field work will be in his hands. An Advisory Committee has been set up consisting of R. Q. Richards of Ft. Myers, a member of the Florida State Board of Pharmacy, and L. H. Penberthy of Tampa, President of the Florida State Pharmaceutical Association.

The work of this bureau can and may expand into many helpful ramifications of benefit to all public health professions. Initial efforts will be placed on the development and usage of a Florida formulary featuring the prescribing of U.S.P. and N.F. drugs,

the object being to bring about a lower cost to the patient for dependable drug therapy. These legal standards were formerly revised every ten years but now they will probably appear every five years with interim revisions at shorter periods published in supplement form. Therefore these books will be kept more abreast with modern medicine. Accordingly this bureau will transmit by mail and talks before groups important developments in materia medica. The different modes of administration will also be dealt with. The formulary will be printed on 3x5 cards, placed in a steel file and donated to physicians and dentists.

Although such a program is new to Florida it is by no means novel as similar ones have been carried on with success in several other states. However, the Florida plan is on a larger scale. All parties concerned are encouraged by the official approval of the Florida Medical Association, the Florida Pharmaceutical Association and the Board of Control of the University of Florida.

Watch Food, Drink, Clothing, Exercise, Sleep, Bathing and Exposure During Hot Weather

Basis of hot weather comfort is to live sensibly, form regular habits of living and develop a cheerful and philosophical outlook on life . . . if these simple rules are followed, discomfort should be reduced to minimum

TO be comfortable during hot weather, live sensibly, form regular habits of living, get plenty of rest, and above all try to acquire a cheerful and philosophical outlook on life. Such is the advice offered in a leaflet on "Comfort During Hot Weather" which has been issued by the United States Public Health Service.

Hot weather comfort and efficiency can be increased by following a few simple procedures regarding food, drink, clothing, exercise, sleep, and exposure to sun.

The recommendations are as follows:

(1) Food. The influence of a warm climate on the amount of food required by an individual is commonly exaggerated. The temperature of the body is adjusted not so much by increasing or diminishing the amount of heat we produce, as by regulating the amount of heat lost. It is therefore desirable during hot weather to increase the intake of fluids which will promote sweating, a mechanism by which the skin is cooled. Fresh fruits and vegetables are excellent sources of fluid and in addition contain food elements much needed by the body during hot weather. As a general consideration fried foods and rich pastries should be curtailed as food of these types tends to increase heat production.

(2) Drink. Attention has already been called to the necessity of drinking adequate amounts of water (6-8 glasses a day) to induce sweating. Fruit juices are excellent hot weather drinks, being palatable and effective in quenching thirst.

When on motor trips drink only from wells and springs approved by the health department. In many States, the State Health Department has signs posted denoting a safe water supply. When in doubt, it is advisable to inquire of local authorities.

When sweating is profuse a large amount of sodium chloride is lost. When excessive, the loss of fluid and of chlorides from the blood may lead to *heat cramps* and to *heat exhaustion*. It is believed that these conditions may be prevented by the drinking of an occasional glass of water to which a small amount of table salt has been added.

(3) Clothing. The weight texture and color of the clothing have a great influence on the loss of heat through the evaporation of moisture from the skin. A safe and comfortable body temperature is maintained by free evaporation of sweat from the surface of the body. To aid in such evaporation, the clothing should be loose and of such character as to permit the easy passage of air. Materials such as cotton or linen aid

most in avoiding the burning effect of the hot sun. It should be remembered that dark colors absorb the sun's rays and are, therefore, warm in hot weather. White clothes reflect the rays of the sun and are cool in hot weather.

(4) Exercise. Light exercise adapted to your own strength and condition of health is preferable. All forms of active physical exercise immediately before or after meals should be avoided. Swimming is one of the best sports for the hot weather since it does not cause overheating of the body. However, according to Dr. A. B. McCreary, Florida State Health Officer, care should be taken not to stay in the water over a half hour at a time.

Refrain from strenuous exercise during the hottest part of the day.

(5) Sleep. A comfortable night's rest during the severe heat of summer will make the next day's heat seem less oppressive. The use of an oscillating electric fan which keeps air in motion

without harmful direct drafts will help to insure a good night's sleep.

It is particularly beneficial to observe regular hours of sleep during the summer.

(6) Bathing. Frequent bathing helps to keep the body cool and refreshed. The shower bath is recommended as it does not have the sedative and weakening effects of the protracted tub bath.

(7) Exposure to sun. It is best to begin with brief exposure each day until the skin becomes lightly tanned, after which the body may be exposed to the rays of the sun for longer periods. Persons with sensitive skins should be especially careful as over-exposure to direct sun rays may cause severe burns.

According to the Public Health Service, the observance of these recommended procedures will do much to lessen the discomfort ordinarily experienced during the hot season.

Privy Program Approaching Half-Way Mark---Hillsboro Leads in Number Installed

At present it will take nine more years to replace remaining 57,148 insanitary privies which are source of such diseases as hookworm, typhoid and the dysenteries. . . .

THE JOB of replacing 110,000 insanitary privies in Florida with approved sanitary privies is almost half finished. It has taken seven years to install 32,852 privies under the Works Projects Administration Community Sanitation Project sponsored and supervised by the State Board of Health and it is estimated that at the present rate of installations approximately nine more years will be necessary to complete the program.

The 32,852 figure quoted does not include the number of sanitary pri-

vies installed by private individuals or the number of privies eliminated by extension of sewerage facilities and septic tanks. Quite a large number of insanitary privies have been eliminated by private funds either through construction of septic tanks, connection to sewers or construction of approved type privies with private labor.

Hillsborough, with 2,752 installations, leads all other counties in number of installations since begin-

ning of the Work Projects Administration project through May of this year. Duval is second with 1,275 installations. Other leaders include Pinellas, 1261; Leon 1165; Jackson 1157; Gadsden 1128.

With Work Projects Administration supplying the labor and the State Board of Health the technical supervision, the cost to the home owner is reduced to a minimum. All he is asked to contribute is the material the cost of which varies anywhere from \$12 to \$18, depending upon local market prices.

The sum of \$15 is a negligible amount compared to the tremendous expense incurred by those suffering from hookworm, typhoid or any of the dysenteries . . . each of which is traceable to insanitary disposal of human excreta.

There are still at least 57,148 privies in Florida capable of producing hookworm infestation, typhoid fever or dysentery. Marked increase in the number of installations of sanitary privies has been recorded in the past year, specifically 5,679 for 1939-40 compared with 4,353 for 1938-39.

County	Number Men on Project	Material Cost Per Unit	No. Privies Installed June 1940	No. Privies Installed Since Beginning of W.P.A. Project thru May
1st District				
Bay	7	15.00	17	617
Bradford	9	19.00	12	11
Duval	17	19.10	25	1275
Escambia*	14	13.50	34	871
Franklin	10	16.12	5	279
Gadsden	9	13.85	15	1128
Jackson	10	14.00	12	1157
Leon	10	14.34	26	1165
Liberty	7	17.34	6	47
Madison	11	14.04	5	505
Nassau	12	15.57	11	219
Santa Rosa	9	16.67	24	261
Wakulla	6	13.78	18	285
TOTALS	131		210	7820
Average (Dist. 1)		15.56		
2nd District				
Broward	8	14.00	2	343
DeSoto	12	16.50	11	3
Hardee	12	18.85	18	438
Hernando	9	17.00	16	5
Highlands	13	12.00	22	404
Hillsborough:				
Tampa	27	17.50	53	2037
Plant City	16	16.51	35	715
Lake:				
Eustis	12	16.50	38	832
Groveland	9	16.50	23	94
Lee	11	17.00	15	964
Manatee	11	18.00	11	11
Monroe	15	16.00	13	114
Okeechobee	7	19.50	10	288
Orange	15	17.75	20	554
Pasco	6	17.49	15	984
Pinellas	6	16.00	6	1261
Polk	12	19.60	18	584
Sarasota	12	12.00	10	152
Seminole	13	21.00	29	497
TOTALS	226		365	10280
Average (Dist. 2)		16.83		
STATE AVERAGE AND TOTALS	357	16.20	575	18100

Total Privies Constructed under W.P.A. (This includes counties not operating at present)	22,988
Total Privies Constructed under CWA and FERA	9,790
GRAND TOTAL	32,778

—June 30, 1940

Health Films Available from State Board of Health

The films listed will be loaned free by the Bureau of Health Education to county health departments and to other public health workers for use before medical societies, schools, and civic organizations.

Requests for films should be made well in advance. Films will be sent express collect and will be scheduled for one day's use only, unless the borrower specifically requests a longer period of time. Films must be returned prepaid immediately after showing.

Communicable Diseases

CONFESSIONS OF A COLD (1) Cause, effect, cure and prevention of colds. *Silent.* Running time, 15 minutes.

PREVENTING THE SPREAD OF DISEASE (1) Stresses measures which may be taken by both the individual and the community whose object is to reduce communicable disease. *Silent.* Running time, 15 minutes.

Maternal and Child Health

BEFORE THE BABY COMES (1) Health routine of expectant mother, cooperation by husband, role of doctor, and health authorities. *Sound.*

JUDY'S DIARY PART 1 FROM MORNING UNTIL NIGHT (2) Shows care of six month old baby with emphasis on the course as outlined, featuring a demonstration of the table-bath, preparation of food, feeding, training, play, sunbath, and sleep. *Silent.*

THE CHILD GROWS UP (1) Development of normal child from first birthday to first school year of the six-year-old. *Sound.*

THE FIRST YEAR (1) Health activities of mother and child during the critical first year following birth. *Sound.*

YOUR BABY (1) Problems of bathing, dressing and feeding the baby; stresses importance of sunlight, immunization, and medical supervision. Running time, 15 minutes. cl936. *Silent.*

Nurses and Nursing

YOUR PUBLIC HEALTH NURSE (1) Activities of the public health nurse engaged in a generalized program of local health service. *Sound.*

Obstetrics

FORCEPS OPERATION (4) Science and Art of Obstetrics Series by Chicago Lying-in Hospital. *Silent.* Professional use only.

PHYSIOLOGY AND CONDUCT OF NORMAL LABOR (4) Science and Art of Obstetrics Series by Chicago Lying-in Hospital. *Silent.* Professional use only.

TREATMENT OF BREECH PRESENTATION (4) Science and Art of Obstetrics Series by Chicago Lying-in Hospital. *Silent.* Professional use only.

Personal Hygiene

A B C OF FOOD (1) The simple facts about the value and purpose of the various types of food. The body is compared with an engine and digestion with combustion. *Silent.*

EYESIGHT (1) Structure and functions of the eye; necessary precautions to preserve the eyesight. *Silent.*

GENERAL HEALTH HABITS (1) Encourages the formation of habits promotive of health. *Silent.*

THE FEET (1) Shows structure of feet, the function of the arches, and the need for properly fitted shoes. *Silent.*

WELL BALANCED DIET (1) Stresses need for variety of foods; importance of proper cooking and eating. *Silent.* Running time, 15 minutes. c1936.

WHY WILLIE WAS WILLING TO WASH (1) Shows how a dirty little boy learned the importance and value of cleanliness. *Silent.* Running time 17 minutes. c1936.

Sanitation

EVERY DROP A SAFE ONE (1) Importance of pure water to health; making water safe. 1939. *Sound.*

MALARIA CONTROL (1½) Procedures in malaria control measures by the Escambia County Malaria Unit, Pensacola, Florida. *Silent.* Professional use only.

MILK (1) Shows production of grade A milk under the United States Public Health Service Milk Ordinance and Code. *Silent.* Running time, 25 minutes. Should be accompanied by speaker.

MOSQUITOES (3) Methods on mosquito control. *Silent.* Running time, 25 minutes. Should be accompanied by speaker.

MOSQUITOES AND MALARIA (1) Life cycle of mosquito and course taken through human blood stream by malarial germ. *Sound.* 1939.

OUR COMMON ENEMY—THE FLY (1) The fly's part in carrying

disease; suggestions for extermination. *Silent.*

SINGING AND STINGING (1) The life story of the mosquito. How science is assailing the pest is shown, also the simple manner in which anyone can assist. *Silent.*

WHAT PRICE HEALTH (1) Meets the arguments against sanitation by showing they may be greatly outweighed by the possible costs resulting from insanitation. *Silent.* Running time, 15 minutes. c1938.

YOUR HEALTH DEPARTMENT (2) Function, achievements, and goals of health department activity. *Silent.* Running time, 30 minutes. c1937.

Tuberculosis

CLOUD IN THE SKY (1) Spanish Americans receive education in early diagnosis, treatment and care. Excellent musical background. *Sound.* 1940.

Venereal Diseases

DIAGNOSIS AND TREATMENT OF SYPHILIS (2) A motion picture clinic covering the diagnosis, treatment and general care of syphilis. *Sound.* Running time, 60 minutes. Professional use only. c1938.

LET'S OPEN OUR EYES (1) The problem of syphilis and what can be done about it. *Silent and sound.* Running time, 15 minutes. c1938.

SYPHILIS: ITS NATURE, PREVENTION & TREATMENT (2) Designed for the laity, but considers technical points in considerable detail. *Silent.*

WITH THESE WEAPONS (1) Briefly and effectively tells the facts about syphilis and its relation to personal, family and community health. 1939. *Sound.*

Book Reviews

These books available from the State Board of Health Library:

Handbook of Hearing Aids, by B. F. Niemoller, N. Y., Harvest House, 1940, \$3.00.

In the last fifty years much has been done to lighten the lot of the deafened. Instruments have been developed to enable them to take their place in society beside their normal fellows. Dozens of mechanical and electrical devices have been put on the market; "artificial eardrums" are widely advertised; patent medicines flood the market, each with its fantastic promises.

Men and women with impaired hearing find themselves besieged by advertising. Every mail brings them new promises of relief, many of them genuine, some purely "quack", some actually harmful. This book contains comprehensive and authoritative information on all the various appliances now on the market. The author does not hesitate to condemn those which he has found to be valueless. All the known types and leading brands of hearing aids are described. Advice on how to select the proper type of aid at the lowest cost, how to use, test and care for the appliance is given in detail.

—E.H.B.

Complete Guide for the Deafened, by A. F. Niemoller, N. Y., Harvest House, 1940. \$3.00.

More than ten million persons in the United States have impaired hearing. It is to these men and women that the author has directed this book. As the title implies, the volume is comprehensive, and no phase of the problem has been overlooked. The causes and forms of hearing defects; the part played by disease, diets, glands, drugs, heredity, old age and psychological factors; mechanical hearing aids; education, recreation employment for the deafened; legislation social aspects and personal adjustments; all are considered.

Complete Guide for the Deafened is no remote academic study. While authoritative, it is designed and written to serve as a practical guide to lead the deafened to a fuller, richer life. The author's phraseology is clear, his advice explicit. He points out the helpful constructive measures and devices available to the deafened, and warns against the fraudulent and the harmful.

Dr. Harold Hays, President of the American Association for the Hard of Hearing has written the foreword, in which out of years of experience, he enthusiastically recommends this book to all otologists, public health workers and school officials.

—E. H. B.

BUREAU OF VITAL STATISTICS
Deaths Certain Causes—Rates per 100,000 Population. 1929-1938

YEARS	Typhoid		Diphtheria		Syphilis		Malaria		Pellagra		Dia. & Ent.		Tuberculosis	
	U. S.	Fla.	U. S.	Fla.	U. S.	Fla.	U. S.	Fla.	U. S.	Fla.	U. S.	Fla.	U. S.	Fla.
1938	1.8	2.7	2.0	1.9	9.7	25.9	1.8	9.8	2.5	6.1	14.2	20.4	49.0	58.1
1937	2.1	2.7	2.0	3.3	10.2	27.8	2.1	12.3	2.5	6.2	14.6	16.7	53.6	57.8
1936	2.4	2.4	2.4	3.5	9.8	23.8	3.1	21.3	2.9	8.1	16.4	16.0	55.7	55.1
1935	2.7	3.6	3.1	3.6	9.1	26.3	3.5	20.5	2.8	11.2	14.1	20.8	55.0	55.9
1934	3.3	2.9	3.3	5.3	9.3	30.6	3.6	28.1	2.8	14.5	18.3	21.3	56.6	60.1
1933	3.5	4.1	3.9	3.6	8.8	29.0	3.7	24.0	3.1	12.4	17.2	14.8	59.5	66.9
1932	3.6	5.6	4.5	5.4	8.9	25.0	2.1	15.2	3.1	13.0	16.4	17.8	62.8	71.5
1931	4.4	5.8	4.8	4.9	8.9	30.4	2.1	13.6	4.3	14.6	20.7	19.4	68.1	70.8
1930	4.7	4.9	4.9	5.3	8.9	28.6	2.9	22.4	5.3	16.1	26.4	24.3	71.5	68.6
1929	*	5.8	6.6	4.7	8.2	26.1	3.5	32.8	*	21.9	*	24.8	76.0	70.8

**Maternal, Infant and Neonatal Death Rates per 1,000 Live Births and
Stillbirth Rates per 100 Live Births, United States and Florida, 1929-38**

YEARS	Maternal		Infant		Neonatal		Stillbirth	
	U. S.	Fla.	U. S.	Fla.	U. S.	Fla.	U. S.	Fla.
1938	4.4	7.5	51.0	58.0	*	35.3	3.2	4.9
1937	4.9	6.6	54.4	59.7	33.3	37.4	3.3	5.1
1936	5.7	7.7	57.1	59.3	32.6	*	3.4	4.9
1935	5.8	8.5	55.7	61.7	32.4	*	3.6	5.6
1934	5.9	8.2	60.1	68.1	34.1	*	3.6	5.9
1933	6.2	11.1	58.1	63.0	34.0	*	3.7	5.7
1932	6.3	9.6	57.6	61.3	33.5	*	3.8	5.7
1931	6.6	9.9	61.6	64.3	34.6	*	3.8	5.6
1930	6.7	9.9	64.6	64.1	35.7	*	3.9	6.5
1929	7.0	9.5	67.6	65.8	36.9	*	3.9	6.3

*Rate not available.

EDWARD M. L'ENGLE, M. D.
Director.

Marriages Performed, Divorces and Annulments Granted, Florida, 1930-1939

Years	Marriages	Divorces	Annulments
1939	27,866	9,630	87
1938	25,398	8,374	77
1937	25,660	7,852	68
1936	24,211	7,002	56
1935	21,670	5,167	47
1934	22,751	4,842	46
1933	18,205	3,532	23
1932	15,301	2,542	19
1931	17,336	3,563	26
1930	17,147	3,632	21

By Counties, Florida, 1939

Counties	Marriages	Divorces	Annul.
State	27,866	9,630	87
Alachua	413	101	2
Baker	837	14	1
Bay	289	61	0
Bradford	207	33	2
Brevard	214	76	1
Broward	2,250	78	0
Calhoun	144	32	0
Charlotte	145	45	0
Citrus	143	21	0
Clay	205	12	2
Collier	91	3	0
Columbia	239	30	1
Dade	2,670	3,098	28
DeSoto	129	10	0
Dixie	109	26	0
Duval	2,066	1,366	17
Escambia	959	330	7
Flagler	195	30	1
Franklin	104	6	0
Gadsden	334	28	0
Gilchrist	132	12	1
Glades	119	7	0
Gulf	65	11	0
Hamilton	248	34	0
Hardee	275	63	0
Hendry	73	11	0
Hernando	149	13	1
Highlands	115	21	0
Hillsboro	2,110	796	2
Holmes	229	16	0
Indian River	149	17	0
Jackson	367	45	0
Jefferson	193	11	0
Lafayette	61	10	0
Lake	321	97	1
Lee	189	84	0
Leon	427	126	0
Levy	236	14	0
Liberty	48	13	0
Madison	225	50	0
Manatee	356	59	1
Marion	371	73	1
Martin	208	23	0
Monroe	180	63	1
Nassau	289	33	1
Okaloosa	339	46	0
Okeechobee	113	33	0
Orange	721	246	1
Osceola	343	37	0
Palm Beach	866	352	0
Pasco	427	40	1
Pinellas	1,109	450	1
Polk	1,063	432	5
Putnam	317	30	0
St. Johns	473	84	2
St. Lucie	195	49	0
Santa Rosa	531	24	0
Sarasota	306	117	2
Seminole	447	128	0
Sumter	209	65	0
Suwannee	235	40	3
Taylor	123	19	0
Union	86	13	0
Volusia	515	257	1
Wakulla	112	12	0
Walton	199	16	0
Washington	259	38	0

Vacation Hints

●

Before going on your vacation, be sure you are inoculated against typhoid, advises Dr. A. B. McCreary, state health officer. This applies to all persons who have not had such protection within the last three years.

Vacationers should not wait until the last minute to get the typhoid inoculation, Dr. McCreary says, because it takes several weeks for the inoculations to produce the necessary immunization. The doctor believes all persons planning on vacations should see their family physician immediately for typhoid inoculation or, in the case of indigents, should apply to the local health unit.

Typhoid germs are taken into the body by way of the mouth, according to the health officer. A person eats foods or drinks liquids . . . either milk or water . . . that has become contaminated by contact with excreta from persons ill with the disease or who have had it at some time. Health departments are continuously on the alert to protect the public by trying to prevent pollution of water supplies, by pasteurization of milk, by inspecting and supervising food supplies, and by sanitary disposal of sewage. However, when persons travel outside the jurisdiction of full-time health departments it is possible for them to eat foods or drink water or milk that have become contaminated with typhoid germs.

That is why the person who travels beyond the jurisdiction of full-time health departments should take the precaution of having himself immunized against typhoid. "There is no reason for people to have typhoid fever in these modern times," Dr. McCreary states.

"Put the responsibility of public health on the public by giving them the facts. Organized medicine and public health have nothing to fear from the truth. If we can't stand up under the searchlight of truth, do we deserve to exist?"

—A. B. McCREARY, M.D.

Tennessee Medical Journal,
March 1933.

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HEALTH NOTES

PUBLIC HEALTH SAVES TAX MONEY

"Any program of malaria control which is to be regarded as practical must be adapted to local resources, must be integrated with a general health program, and must depend for its strength and ultimate hope of success on sustained and consistent application, even though moderate in degree, over a long term of years."

MARK F. BOYD, M. D.

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JACKSONVILLE, FLORIDA

FLORIDA HEALTH NOTES

ESTABLISHED 1890

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Official Publication State Board of Health

VOLUME 32

NUMBER 9

SEPTEMBER

1940

WITH OUR EXHIBITORS

The following have reserved space at the Florida Public Health Association 1940 convention exhibit to be held in Tampa, December 5-7:

Dermetics Company, Incorporated, New York
Gilliland Laboratories, Inc., Marietta, Pa.
Lederle Laboratories, Inc., Atlanta Branch
Remington Rand, Inc., Jacksonville, Florida
Tovar Corporation, St. Petersburg, Florida

MEETINGS OF INTEREST

Lake County Public Health Committee, Tavares, Florida
September 13

American Public Health Association Annual Convention
Detroit, Michigan—October 8-11

Florida Congress of Parents and Teachers
Miami, Florida

November 13 and 14

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HON. FRED P. CONE, Governor of Florida

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Florida Health Notes, published **monthly** on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

Health Units Pay Dollar and Cents dividends .. Yield Profit by Preventing Many Diseases

Contrary to arguments of opposition frequently advanced by those who have never lived in a health unit county, units increase work of private physicians

MEMBERS of the County Commission are trying to check up on whether the people of Gadsden County want the County Health Unit continued in operation. When the unit was established three years ago, it was with the understanding that no commitment for permanent county financing was involved, but that it would be continued for at least three years as an experiment. The commissioners, therefore, are acting consistently and with sound recognition of the rights of the people of the county in making their check-up now.

The Times hopes that the public reaction is overwhelmingly in favor of continuing the unit, and is confident that virtually all citizens aware of what the unit is doing and what it hopes to do will want to have the work go on.

Public health work these days is not only a humanitarian gesture, but is a sound economic expenditure of funds. The toll in wasted dollars taken annually by malaria, tuberculosis, hookworm and venereal diseases would support the Health Unit many times over. Unhealthy workers are a liability to any community from the economic standpoint; healthy workers are an asset. And beyond that, unhealthy workers are a constant menace to every man, woman and child.

One objection that has been voiced against the Health Unit is that its work smacks of "socialized medicine,"

and that it intrudes upon the legitimate field of private medical practice.

There is a great deal of tommyrot in most talk about "socialized medicine." If there were any serious danger of government stepping into the shoes of private practitioners and taking over on a general basis the treatment of the sick, there would be real justification for alarm. Doctors would be disloyal to the ethics of their profession if they did not guard zealously against state-controlled medicine, and particularly against any moves that threatened to lead to dictatorial assignment by government agents of patients to individual doctors. The doctor-patient relationship is a precious one which must be preserved if medical practice is to remain on a high plane. There is no reasonable quarrel with the doctors about that.

But the Health Unit, as we have known it here, has been scrupulously careful of the rights of private doctors, with a very few exceptions in which enthusiasm or humanitarianism may have led attendants at the unit to overstep the fine line between legitimate public health work and private practice. Virtually all of the work done by the unit is along lines which private practitioners have no desire to enter. Doctors may recommend sanitation, but they don't build privies. The health unit does. Doctors may warn against malaria, but they don't build drainage ditches. The health unit collaborates in doing so. Clinics

for school children must, of necessity, be handled as a public, not a private, function since children in public schools cannot be forced by law to pay fees for examinations. Wholesale examination of adults suspected of having tuberculosis or venereal disease or hookworm can be far more effectively performed as a public function than a private one. The vast majority of cases handled by the Health Unit, indeed, are those which never would reach private practitioners under ordinary circumstances. The occasional exceptions are not enough to justify scrapping a great public work.

There are many technical imperfections in all public health set-ups, because public health work still is in a pioneering stage. Years of educational work will be necessary before it can reach full effectiveness. But it already is accomplishing fine results, and the imperfections are being worked out as rapidly as is humanly possible. It may be that eventually some different organization from the somewhat complicated one now used

in Florida will be found--desirable. The half and half nature of county health units, partly under State Health Department control, partly subject to local jurisdiction, and financed from wherever funds can be found, leads to occasional confusion. But these are minor difficulties.

To scrap the Gadsden County Health Unit now would mean to throw away most of what has been accomplished in three years, and to sacrifice the hope of making this area one of the healthiest in the state. The cost to county taxpayers is trifling in comparison with the results. If there is now and then a bit of friction, a touch of misunderstanding, that is trivial in comparison with the children who are being given at least a chance for disease-free lives.

It is doubtful whether any other county activity yields as big a dividend on the taxpayer's dollar as does public health work. It would be unsound financially to discontinue it.—Gadsden County Times, 7/25/40.

Educators Endorse Health Units

•

At the annual convention of the Florida Health, Physical Education and Recreation Association held in Orlando some time ago, the following resolution was adopted with respect to public health in the State of Florida. The resolution was addressed to the State-Wide Public Health Committee:

"Whereas, the need for County Units of Public Health is generally and universally recognized, the Florida Health, Physical Education and Recreation Association hereby resolves that all possible aid be given by local organizations and governmental units to the end that full-time County Public Health Units, administered by qualified personnel especially trained in Public Health, be organized and provided with funds adequate to properly carry on their functions."

Malaria so Deep-rooted in State that Sporadic Efforts at Control are Worthless

* MARK F. BOYD, M. D.

Malaria control programs must be carried on over period of years in conjunction with generalized, full-time public health program if permanent headway is to be made against disease

MALARIA is a disease that has such a firm hold on certain sections of Florida, and is so difficult to dislodge, that it is impracticable to even give consideration to the possibility of its control or eradication by the brief and temporary application of intensive measures for one or two seasons alone. Even if such a program could be submitted with some assurance of success, the cost of its adequate execution may be expected to far exceed the resources available for all forms of health work. The opinion is held that any program which is to be regarded as practical must be adapted to local resources, must be integrated with a general health program, and must depend for its strength and ultimate hope of success on sustained and consistent application even though moderate in degree over a long term of years.

Since the greater part of malaria control must be brought about by the use of local resources, the program must utilize methods that will stretch the local dollar over the widest possible territory, and give an effect that is felt over as many succeeding years as possible.

An Impractical Viewpoint

The areas where malaria is endemic, and where it may be considered to constitute a problem, there may be other health problems as well, some of which may rank with malaria in importance. Considering available resources, it would not be practicable to maintain an organization in such counties to deal with malaria alone, but it is practicable to maintain an organization to deal with all health problems. It would not be reasonable to expect such an organization to devote all or the greater part of its time to the control of malaria, but it should give attention to the malaria problem in proportion to its magnitude in comparison with other local problems.

It may be expected the sustained continuity of effort just discussed would experience various interruptions if the execution of the local program is wholly unsupervised. Changes in local personnel, local pressure or support for other features of the general program and other causes might bring about such interruptions if the local organizations are without effective supervision.

*Member Field Staff, International Health Division of the Rockefeller Foundation; and Director Division Malaria Research, Florida State Board of Health, Tallahassee.

State Board's Responsibilities

If these premises are accepted as sound common sense, it is believed that the conclusion that any practicable malaria control program must be one devised for execution by the county health departments is incontestable, and as a necessary corollary the supervision of such programs by the State Board of Health must also be admitted.

Furthermore we must recognize that to the State Board of Health not only falls the responsibility of determining what shall constitute an adequate minimal program of malaria control, but likewise the designation of those county organizations which shall incorporate and prosecute such a minimal program in their general program of health activities, as well as the supervision of its execution and the rendering of special technical assistance and advice to the local personnel as may be required.

Minimal Program Outlined

A minimal program (directed particularly to the rural problem) to meet these requirements is herewith suggested. Consideration will first be given to the activities of a county health department in relation thereto. It will be noted that all members of the normal staff participate, and that certain activities can be promoted the year around, and that others are seasonal, promoted in the spring and early summer. It will also be noted that the general program suggested does not require special or supplementary appropriations, except as special projects are developed and would routinely promote to the greatest degree a measure such as mosquito proofing, a large part of all of the cost of which can be borne by the people benefitted.

A.—County Health Department

I. Health Officer

a. Educational work

1. Among physicians, particularly directed to secure greater precision in the employment of diagnosis of malaria, through greater use of the laboratory.

2. Among the laity—to appreciate the preventable character of malaria, to support the local program and to avoid self medication.

- b. To make an annual survey of splenomegaly in the school children of 12 years of age and below. Since the survey can only be advantageously performed in 8-10 weeks period in the fall of the year, in order that they be performed in all counties as nearly simultaneous as possible, it is obvious that they must be done by the health officers

- c. To direct the anti-malaria activities of the other members of his staff, being oriented by the routine spot maps.

II. The Clerk

- a. To analyze the results of the survey for insertion in standard report forms.

- b. To keep posted by place of residence on annual spot maps, all objective data relating to malaria incidence, such as

1. Positive laboratory diagnoses.

2. Deaths attributed to malaria.

3. Positive splenomegaly.

III. The Inspectors

Program to be concentrated in those areas where the spot maps show the incidence to be highest.

- a. Educational work, particularly to extend the application of simple drainage to the vicinity of, and mosquito proofing of, homes.
- b. Search for anopheline production areas in relation to the known local foci, and if simple and easily executed drainage is feasible, secure their abatement by the property owners.
- c. Assist in mosquito proofing of homes, by inspecting and measuring houses to determine requirements, persuade householders to furnish materials and to supervise installation.
- d. Supervise carpenter temporarily employed by health department to make doors.

IV. The Nurses

- a. Educational work in their domiciliary visits, especially to promote mosquito proofing.

B.—State Board of Health

If the responsibility for the malaria control program is not concentrated in a single bureau, great care should be taken to secure integration and coordination in the participation of different bureaus. The State Health Officer should be authorized to designate those organized counties which would be required to introduce the malaria programs into their general health program, and the director of the bureau of local health units should effect the necessary adjustment in the program, and ensure that it receives the continued and sustained attention required.

It would be desirable to organize in the central office staff, a technical group to train, stimulate and supervise the activities of the local units in the furtherance of such a program. Such might most logically constitute a group division of the Bureau of Epidemiology, and should be directed by a malariologist,* and should further comprise an entomologist and one or more sanitary engineers. While all the personnel suggested should be well trained and capable, it might be well to stress that the malariologist should be a person of considerable capabilities, not only from the standpoint of professional qualifications and special knowledge, but possessing the administrative ability and tact requisite for the most effective integration of the services of the malaria staff suggested.

Florida's Training Facilities

In connection with the training of personnel in matters relating to malaria control, it may be well to stress that at the present time there exist in the state a series of facilities for this purpose unequalled elsewhere in the south. I refer specifically to the field laboratory of the U. S. Bureau of Entomology at Orlando directed by Dr. W. V. King, the Division of Malaria Research at Tallahassee, and the Malaria Control Demonstration at Pensacola administered in conjunction with the county unit of Escambia county.

The responsibility for taking the initiative in effecting the co-ordination and integration should be that of an epidemiologist qualified as a malariologist. He should also train the various members of local health department staffs in their duties and methods of execution, and report on their efficiency to the state director of county units. He should consider the local foci revealed by spleen surveys, from the standpoint of the desirability of, or entomological need for, local surveys of anopheline breeding areas, and secure their subsequent engineer-

ing study to determine the practicability of the elimination of such anopheline breeding, particularly when associated with urban or village malaria foci.

Engineering Responsibility

If preliminary engineering studies indicate that breeding areas can be eliminated, the engineers assigned to malaria control should prepare a project for the necessary drainage, with estimates of cost, and the personnel can then jointly endeavor to secure the requisite funds from local sources for its execution. Execution, and su-

pervision of subsequent maintenance would be a responsibility of the engineers.

If drainage does not appear feasible, the malariologist and entomologist can consider the desirability and practicability of controlling anopheline breeding by anti-larval measures. If feasible they can endeavour to secure local support for such work which would be supervised by the entomologist. Practically such programs would generally be limited to urban situations.

*Shortly after this article was written a malariologist was added to the staff of the State Board of Health.

FLORIDA STATE BOARD OF HEALTH IS ON THE AIR!

Tuesday, September 3rd 2:30 P.M. Station WJHP

and at the same time each Tuesday thereafter for 13 weeks, the State Board of Health, in cooperation with the Florida Work Projects Administration, will present *LIFE CAN BE YOURS* a series of original dramas on Cancer, Hookworm, Tuberculosis, Diphtheria, Malaria, Pellagra, and other major health problems of this state.

TUNE IN

YOUR *FRANK* COMMENTS WILL BE APPRECIATED!

TUNE IN!

"Crippled" and "Underprivileged" can Apply to any Child who does not Have the Benefit of the Health Protection Measures

WILLIAM H. PICKETT, M.D., C.P.H.
ASSISTANT STATE HEALTH OFFICER

WHAT is a crippled Child? The definition has too long been confined exclusively to a child unfortunate enough to have some physical defect such as withered arms or legs, or who is in some way mis-shapen.

It would seem that the time has come to apply these terms—"crippled" and "underprivileged" in their broadest sense. Every child has an inherent right to be born well, and to be well born. This means that every child has a right to expect to be born well of well parents, and to be well born by having a qualified physician attend his birth, and if possible to be delivered in a hospital. If he is denied these rights, he begins life as an "underprivileged" child even though his parents may be well-to-do financially.

The child born of parents and ancestors handicapped by disease is indeed an unfortunate child. He may be born with some mental aberration or deformity, and possibly with syphilis.

Immediately after birth, the child may be rendered "underprivileged" and "crippled" if, by the time he is six months old, he has not been immunized against diphtheria and against smallpox by the time he is one year old, against typhoid by the time he is five years old. Tuberculosis is not a hereditary disease but can be transmitted by a tuberculous mother or any other person in the household suffering from the disease. This may happen to a child soon after birth.

Thus, soon after birth a child so exposed may contract a disease that modern medical science and public health is able to prevent if parents follow instructions.

The home can and does contribute to the underprivileged status of all persons living therein in many ways. For instance, poor heating, lighting, ventilation and sanitation, safe water supply, proper disposal of sewage and garbage, lack of general cleanliness throughout the home and on the premises. There is often a partial or complete abuse of the practice of health habits in the home, such as the use of common drinking cup, towels, wash cloths, wash water, etc., and the failure to use tooth brushes regularly or to keep the skin clean through frequent baths. The grounds around the home often reveal collections of trash of all kinds, including containers with standing water which breed mosquitoes.

A diet that is poorly balanced, especially if plenty of good pasteurized milk is not included, constitutes one of the greatest if not the greatest of health hazards, and consequently children with such diets are severely underprivileged.

A child of pre-school age who has not been immunized against such diseases as typhoid, smallpox and diphtheria is certainly an underprivileged child. The parents, if indigent, are privileged to have him immunized against these diseases through the health departments at no cost, yet the

child is underprivileged because of neglect.

The successful citrus fruit grower studies and supplies the nutrition needs of his trees and the successful farmer studies and supplies the nutrition needs of his live stock, poultry and farm crops. These are good investments. Why not study and supply the nutrition needs of our underprivileged child group?

You should see the fine letters we have received from school principals where the Kiwanis Club has been supplying milk to some of the underprivileged children in the schools. Without exception the letters have described improvement in the general attitude, application and learning of these children.

A child with any physical defect, such as those involving sight, hearing, speech, teeth, tonsils, adenoids, posture, glands, lungs, limbs, feet, etc., is an underprivileged child. Should we not remove these physical stumbling blocks and give the whole child a chance to become a fine and healthy citizen?

A dull, untidy, colorless home where comfort and cheer are absent, makes dull, untidy and unhappy children. It does not cost much to provide a colorful, happy home atmosphere but it does necessitate education as to the simple and inexpensive methods and an appreciative evaluation of the benefits derived therefrom.

The neighborhood also plays a vital part in shaping the mental, physical and moral attitudes and character traits of children. The slum neighborhood, where all is noise and confusion and where unsightly if not insanitary and immoral conditions are evinced, is tragic to the child welfare.

The open-back, surface privy in rural sections invites the spread of such diseases as hookworm, typhoid, diarrhea, dysentery and tuberculosis. A child living in a home or neighborhood where one of these insanitary units exists gambles with disease every day. There are still many thousands of these in the state. Has your County a sanitary pit-privy project in operation? If not—your County is underprivileged.

Recreation and play on the school grounds should be adequate in all instances and the wholesome beneficial uses should be carefully planned and supervised. Recreation and play facilities on the home grounds of the underprivileged children are not provided, encouraging them to seek unwholesome and unsupervised recreative activities elsewhere.

We need to do more to make the home and its surroundings more attractive and to cultivate and supervise wholesome recreation and play if we are to assist the schools in removing some of the more serious accidents and social hazards.

Health Protection Costs

"Health protection costs the average American urban wage earner about \$59 a year, the U. S. Department of Labor reported. The Department estimated that about \$16 was spent for each member of the family." SURGEON GENERAL THOMAS PARRAN before New York State Conference of Health Officers, June 1940, Saratoga Springs.

Oldest Health Unit in State Modernized . . . Education Stressed as Keynote of Program

Clinics inaugurated for pre-school children, post-partem examinations and special examinations for syphilitic cases

WITH opening of its modern, \$40,000 quarters, the Leon County health unit geared its forces for increased public service as it nears the decade mark since organization, Jan. 1, 1931.

Leon county has the first especially designed and constructed health unit building, built on a county-WPA project, in the state of Florida and the oldest health unit in continuous operation in the state.

From its three-room quarters over a Monroe-street office building, the health unit has grown to its present size under the guidance of its director, Dr. L. J. Graves, who also is head of Tallahassee's health department.

Surveying the present spacious quarters and enlarged facilities, Dr. Graves contrasted the four modern electric sterilizers for medical tools with a 10-cent aluminum pan and hot plate used nine years ago.

The director praised the tireless work of nurses and workers who have stuck with the health unit through its ups and downs.

But the major force which made possible the present unit, Dr. Graves believes, is the increased education of the public to its health problems and an intelligent determination to combat them.

County nurses have distributed pamphlets to residents in rural sections, schools have stressed health programs,

civic leaders have focused their efforts on improving conditions in a general awakening to health needs.

During the years the health unit was located successively in the Demetree building on Monroe, the Myers home on north Monroe, in the basement of the old Leon high school building and in the "tin" building near the county jail, an increasing number of persons came to its portals for relief of suffering, or advice.

Examination of school children, sanitation work and immunization treatments occupied the early efforts of health workers.

A pre-natal clinic that once was suspended because of insufficient interest, now is attended by between 40 and 60 expectant mothers a week.

During the first year of the health department, 103 blood tests were given for syphilis. Last year 2,400 were given and at present 200 treatments a week are administered.

Answering new needs, the health department recently has inaugurated clinics for pre-school children, for checking the health of babies who are not thought to be ailing, post partum examinations and special examinations for syphilitic cases.

Dr. Graves listed as Leon county's major health problems tuberculosis which stood second to the automobile as a cause of deaths, cancer, syphilis and other venereal diseases, maternal diseases, and hookworm.

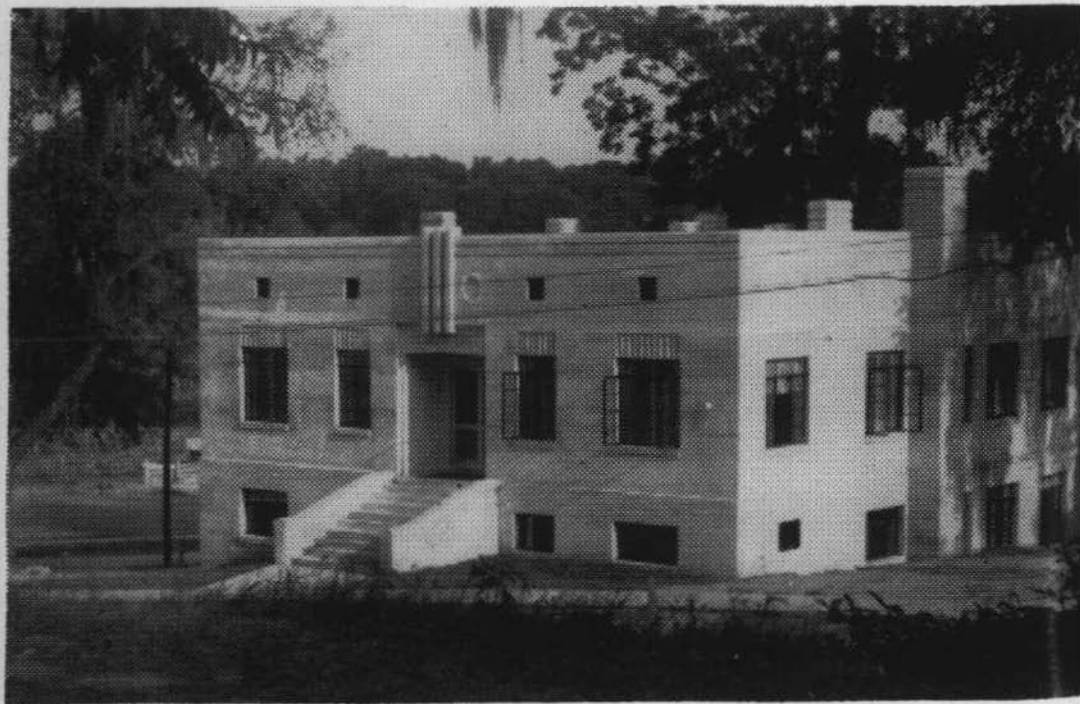
About 65 per cent of births are delivered by mid-wives, Dr. Graves said, and an improvement in their standards of practice is being stressed by nurses.

Dairy inspections are another important function of the health department. All 21 milk dealers in the county have been approved with ratings of 90 per cent.

"The keynote of our health program," Dr. Graves said, "should be education."

And state and local education departments are outlining broad programs which will place increased emphasis on health problems and remedial steps.

Meantime, the Leon County's health unit force works on persistently, often thanklessly, combatting the ravages of disease, attacking problems in every recess of the county and carrying on its relentless drive to stamp out sickness and suffering. — Sunday News-Democrat, Tallahassee, 8/18/40.



LEON COUNTY HEALTH UNIT

State Board of Health
BUREAU OF VITAL STATISTICS
Jacksonville, Florida

Deaths From Malaria and Rates per 100,000 Population by Color and
by Counties, Florida, 1939

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rates	Deaths	Rates	Deaths	Rates
State	112	6.6	50	4.1	62	12.7
Alachua	2	5.3	0	—	2	11.8
Baker	2	26.0	1	16.9	1	55.6
Bay	0	—	0	—	0	—
Bradford	0	—	0	—	0	—
Brevard	1	6.6	0	—	1	20.8
Broward	0	—	0	—	0	—
Calhoun	2	22.2	2	27.4	0	—
Charlotte	1	26.5	0	—	1	135.3
Citrus	0	—	0	—	0	—
Clay	1	13.9	1	19.2	0	—
Collier	0	—	0	—	0	—
Columbia	1	6.4	0	—	1	—
Dade	0	—	0	—	0	—
DeSoto	1	11.9	1	14.5	0	16.4
Dixie	2	34.3	0	—	2	92.9
Duval	6	3.2	0	—	6	9.2
Escambia	3	5.2	2	4.6	1	6.8
Flagler	0	—	0	—	0	—
Franklin	1	14.9	1	22.2	0	—
Gadsden (Ex.)	6	22.2	2	18.2	4	25.0
State Hospital	1	23.4	0	—	1	66.4
Gilchrist	1	23.8	0	—	1	142.9
Glades	0	—	0	—	0	—
Gulf	1	32.3	0	—	1	90.3
Hamilton	1	10.1	0	—	1	25.0
Hardee	0	—	0	—	0	—
Hendry	0	—	0	—	0	—
Hernando	0	—	0	—	0	—
Highlands	0	—	0	—	0	—
Hillsboro	2	1.2	1	0.8	1	3.3
Holmes	1	6.5	1	6.9	0	—
Indian River	0	—	0	—	0	—
Jackson	18	48.3	10	42.4	8	58.4
Jefferson	5	36.8	3	75.0	2	20.8
Lafayette	1	23.6	1	27.0	0	—
Lake	2	6.4	1	4.5	1	11.2
Lee	1	5.8	1	7.2	0	—
Leon	0	—	0	—	0	—
Levy	5	37.9	1	12.8	4	74.1
Liberty	1	25.9	1	36.5	0	—
Madison	5	27.8	1	11.4	4	43.5
Manatee	1	4.3	1	5.8	0	—
Marion	2	6.4	1	6.1	1	6.7
Martin	1	18.9	0	—	1	55.6
Monroe	0	—	0	—	0	—
Nassau	0	—	0	—	0	—
Okaloosa	4	31.5	3	25.4	1	111.1
Okeechobee	0	—	0	—	0	—
Orange	2	3.2	2	4.1	0	—
Osceola	0	—	0	—	0	—
Palm Beach	2	3.7	1	2.8	1	5.6
Pasco	2	17.2	1	10.2	1	55.6
Pinellas	4	6.1	2	3.9	2	14.1
Polk	3	3.4	0	—	3	16.0
Putnam	1	5.4	0	—	1	12.5
St. Johns	0	—	0	—	0	—
St. Lucie	0	—	0	—	0	—
Santa Rosa	0	—	0	—	0	—
Sarasota	0	—	0	—	0	—
Seminole	2	8.3	0	—	2	16.4
Sumter	2	20.0	1	14.1	1	33.8
Suwannee	4	22.6	2	17.1	2	33.3
Taylor	2	18.0	1	13.6	1	26.8
Union	0	—	0	—	0	—
Volusia	1	1.8	0	—	1	5.6
Wakulla	1	15.6	0	—	1	38.5
Walton	2	14.5	2	17.3	0	—
Washington	2	15.0	2	19.6	0	—

State Board of Health
BUREAU OF VITAL STATISTICS
Jacksonville, Florida

Deaths From Malaria and Rates per 100,000 Population, by Color
1917 to 1939, Inclusive, Florida

Years	TOTAL		WHITE		COLORED	
	Deaths	Rates	Deaths	Rates	Deaths	Rates
1939	112	6.6	50	4.1	62	12.7
1938	166	9.8	72	6.0	94	19.2
1937	205	12.3	100	8.4	105	21.7
1936	349	21.3	158	13.6	191	40.1
1935	331	20.5	196	17.1	135	28.8
1934	445	28.1	235	20.9	210	45.5
1933	373	24.0	207	18.8	166	36.8
1932	233	15.2	123	11.4	110	24.6
1931	205	13.6	109	10.2	96	21.7
1930	332	22.4	182	17.4	150	34.5
1929	470	32.8	259	25.7	211	49.6
1928	388	28.1	224	23.2	164	39.5
1927	208	15.6	92	9.9	116	28.6
1926	223	17.3	98	11.0	125	31.6
1925	209	16.9	112	13.2	97	25.2
1924	249	21.0	133	15.1	126	33.6
1923	293	25.7	161	20.8	132	36.1
1922	247	22.7	127	17.3	120	33.8
1921	231	22.2	120	17.2	111	32.1
1920	352	35.5	197	30.0	155	46.2
1919	440	46.0	254	40.4	186	56.5
1918	224	24.0	122	20.1	102	31.2
1917	273	29.9	158	26.9	115	35.4

EDWARD M. L'ENGLE, M. D.
8-8-40 Director.



Flagler County Takes Straw Vote

Flagler County has the distinction of being the only known county in the state where the question of a Health Unit has been put to the vote of the people. At the May 2nd primary the voters of that county cast a straw ballot for the purpose of determining whether or not public opinion was in favor of a full-time Health Unit.

The voters expressed themselves as overwhelmingly in favor of the Unit. In fact, the count was 5 to 1 for the Unit.

It goes without saying that this amazing record did not "just happen." About a year ago, the Flagler County Public Health Committee was formed as an affiliate of the State-Wide Public Health Committee. J. B. High took the helm as chairman, and Mrs. Dora Alford, as his able co-chairman.

During the past year the Committee has worked tirelessly. Its leaders went before the board of county commissioners and the county school board requesting these boards to establish a Health Unit in conjunction with another nearby county. The board of commissioners decided to submit the question to the voters for final determination, and a "straw vote" was taken on May 2nd.

..... is YOUR child fully protected?

Dr. A. B. McCreary, State Health Officer, says, if you have taken full advantage of the knowledge of modern medical science, you have protected your child against certain preventable or partially preventable diseases by administering:

At Six Months of Age

Diphtheria toxoid, two doses at three months intervals

At One Year

Smallpox vaccination
Schick test to determine susceptibility to or immunity against diphtheria
Tuberculin test

At Five Years

Before entering school for the first time:

Complete physical examination
Smallpox vaccination
Re-check Schick test
Typhoid immunization

Periodically thereafter

Physical examination
Dental examination
Immunization and re-checks of immunity as indicated

Ask your doctor about these guardians of your child's health. Indigent persons may receive these services from the County Health Unit, the private physician referring the case and the Welfare Board determining indigency.

W. I. CASH, LIBRARIAN
FLA. STATE LIBRARY
TALLAHASSEE, FLA.

FLORIDA

HEALTH NOTES

W T CASH LIBRARIAN
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TALLAHASSEE FLA

OL. 32, No. 10

OCTOBER, 1940

OFFICIAL PUBLICATION

STATE BOARD OF HEALTH

JACKSONVILLE, FLORIDA

DOCTORS AND HEALTH OFFICIALS RESPONSIBLE

Mr. and Mrs. Florida!

•

Have you a young son? If so, you want him to develop into a healthy, sturdy man, of course. So, do not curtail his participation in any healthy, body building sport. If you don't let him be a boy with boys, he'll never be a man among men.

It is not always *what* a boy does, rather it is how he does it. For this statement you have the word of no less an authority than University of Florida's Football Coach, Tom Lieb. He says the neighborhood *sandlot* is a place where football stars are born, but recommends that if there is to be a recreation center in the community then parents should commend it to the boys in preference to the sandlot. Furthermore, he says that even though a boy has played football previous years he should begin a new season—not by *suddenly* putting all his strength into a real game, but—by practicing; taking it *easy* at first; getting into it *gradually*. And he should also have some protective equipment.

Dr. A. B. McCreary, state health officer, agrees that football is fine exercise, but recommends that parents have their boys examined by their medical doctor to determine whether or not they are physically fit for such sport. This should be done before the boy is allowed to play in Dr. McCreary's opinion. The doctor says he has known of cases where permanent injury to the heart and other vital organs has been inflicted upon children by letting them indulge in strenuous sports that they were physically unfit to play.

Every sandlot team should have a First Aid Kit handy in charge of someone who knows how to use it, Dr. McCreary believes. That "someone" would probably be a Boy Scout. First Aid should be rendered without delay and the injured person should be taken immediately to a medical doctor so that he may determine whether it is more serious than it appears. It is the old adage, says Dr. McCreary, that a few minutes devoted to prevention is better than a lifetime enslaved by cure.

Dr. McCreary also advises that a boy should never go into a game immediately after eating a heavy meal, nor drink much water during the game. And, as collapsible drinking cups are so easily carried, boys should drink from these sanitary, individual cups.

Floridians on National Program

Three Floridians—Dr. A. B. McCreary, state health officer, John P. Ingle, president State-Wide Public Health Committee, and Dr. J. N. Patterson, director of laboratories, State Board of Health, will appear on the program of the American Public Health Association in Detroit when it convenes for its 69th Annual Meeting October 8-11, 1940.

Dr. McCreary will address the joint session of Health Officers and Public Health Education Section, and the American School Health Association. His subject is: "Are We Over-Emphasizing Service at the Cost of Health Education?"

Mr. Ingle is to appear before the first session of the Public Health Education Section. His talk will be in the form of a report of activities of the Florida State-Wide Public Health Committee, an organization said to be unique in the Nation. It gained considerable attention at the last American Public Health Association meeting, though the Committee was only a few months old at that time.

Dr. Patterson is to speak before the conference of State and Provincial Public Laboratory directors. His subject is "Amebiasis: Attitude Toward Usefulness of Surveys, and Adequate Means of Conducting Them from a Central State Laboratory."

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Venereal Disease Program Could Become Bottle-Neck in National Defense Program

Responsibility for control of syphilis and gonorrhea lies squarely at door of private physicians and health officials, says Surgeon General Parran . . . attention called to venereal disease resolution passed by American Medical Association

"Present world conditions underline the vital necessity for cooperation on the part of the private physician with the national venereal disease control program and the need to push forward on all fronts in the campaign," Surgeon General Thomas Parran of the United States Public Health Service said today in acknowledging the action of the American Medical Association in support of the Federal program.

Syphilis and gonorrhea are not only major military disease problems, Dr. Parran pointed out, but "they may easily constitute a bottle-neck of illness which would seriously hamper industrial and other defense activities."

"The responsibility and obligation of protecting the armed forces and the industrial manpower of the nation lies squarely on the physicians and health officials in each and every community in the United States," the Surgeon General emphasized. "The control of venereal disease today remains a health problem of major national concern."

Venereal Disease Information of the U. S. Public Health Service has just published the resolution adopted at the recent annual meeting of the American Medical Association reads:

WHEREAS, An expanded program for the control of the venereal diseases

throughout the States has been made possible by Federal grants-in-aid to States to be used specifically for this purpose; and

WHEREAS, Upon State health departments has been placed the responsibility for the judicious and wise expenditure of such funds; and

WHEREAS, The organized medical profession of this country has likewise a responsibility in this particular problem, as it has in all other health problems affecting the Nation; and

WHEREAS, Because of the magnitude and scope of any Nation-wide program looking to the control of the venereal diseases, the House of Delegates of the American Medical Association recognizes the need for the fullest cooperation, aid, and counsel from the practicing profession; and

WHEREAS, The proper control of these diseases depends upon adequate, continued treatment; and

WHEREAS, The treatment of the sick individual is the province of the practicing physician; and

WHEREAS, The modern technics employed in the treatment of the venereal diseases requires a familiarity with such technics as well as a knowledge of the diseases themselves: Therefore be it

RESOLVED, That it is the sense of this House of Delegates that such cooperation on the part of the medical profession should be freely extended and that the official health agencies, State and local, charged with the administrative responsibilities for the conduct of the program be urged to formulate plans and machinery for as full utilization as possible of such numbers of the local medical profession as are willing and competent to undertake the clinical management of such programs; and be it further

RESOLVED, That it is the sense of this House of Delegates of the American Medical Association that constituent State medical associations and component county societies should cooperate fully in the effort to improve the quality of clinical services to be rendered in venereal disease control programs; and be it further

RESOLVED, That it is the sense of this House of Delegates of the American Medical Association that a reasonable compensation should be paid physicians serving in the venereal disease clinics; and be it further

RESOLVED, That it is the sense of

HEALTH IN DEFENSE

Dr. A. B. McCreary, State Health Officer, has returned to Florida from Washington where he was summoned to two meetings called in conjunction with the public health phase of the national defense program. One was a conference between State and Territorial Health Officers and Dr. Thomas Parran, Surgeon General of the United States. The other was that of the Quarantine Committee, U. S. Children's Bureau, of which Dr. McCreary is a member.

Dr. McCreary reports that in the conference with Dr. Parran, the problems incident to the increased load on state and local health departments as a result of defense activities was discussed and plans laid to make the procedures as uniform as possible. State Health Officers have been asked to prepare a list of all reserve officers and key men in their health departments. This will be done with the idea of continuing vital health programs already in progress and which health officers agree are as necessary to the maintenance of national health and man power efficiency as the emergency programs which may be required from time to time.

The problem of nutrition dominated the meeting of the Quarantine Committee of the U. S. Children's Bureau. The Committee heard that many of the British children the United States is being called upon to absorb, show marked signs of malnutrition. Some plan must be developed for correcting the situation and the Committee is faced with the responsibility of evolving such a plan.

this House of Delegates of the American Medical Association that because of the potential dangers of intravenous therapy, such medication should be administered only by a duly qualified physician.

With Florida's Press

St. Augustine Record

Health—at Last!

At last the necessity for an expanded public health program in this State is making itself felt. The public now seems to understand more fully the significance of facts and figures concerning the loss to Florida from preventable diseases; the loss that comes from thousands of ill people and many deaths. When ideas of this kind really penetrate to the consciousness of our people, something is done about it. The demand for public health units, with all-time directors in charge is growing.

St. Johns County, through its Chamber of Commerce, has asked for a health survey, and although a number of counties spoke first, St. Johns will be given attention in due course.



Whatever opinion anyone holds concerning them, the health questions which were discussed Friday at the municipal auditorium are of vital importance to the city and county. Health conditions affect everyone.

Marion County News

Effect Everyone

We do not need to get emotionally stirred up, but there is a need for sufficient public interest to make sure that the health movement which has been started achieves its objective of a cleaner and healthier city and county.



Tampa Tribune

No Political Interference

The Florida press has given overwhelming approval to statements of future policy made by Governor-Nominee Spessard Holland during his recent public appearances throughout the state. Florida editors gave particular praise to his views on the state's tax problems and they have been equally quick to applaud his intention not to permit politics to interfere with the administration of public health affairs.

Pensacola News

Hope Lies in Committee

Pledge of Governor-Elect Spessard L. Holland to the executive board meeting of the State-wide Public Health committee in Lakeland recently that "there will be no playing of politics in Florida public health matters" augurs well for the continued progress of a movement vital to every phase of life, social and commercial, in the state.

The governor-designate pointed out that the various health groups of the state, which he said are probably much stronger than the alumni, could do much to see that public health is not made a political football.

Florida Times-Union

4000 Get Inspiration

Florida's public health program is given a status that it deserves by the statement of Spessard L. Holland, Democratic gubernatorial nominee, that appointments to health board positions will not be given or withheld on political grounds. At the same time Mr. Holland has given the physicians and some 4,000 lay workers, nurses and others directly connected with the program courage and inspiration to proceed with their efforts with a new spirit and determination.

So it is reassuring to find our next governor well aware of his responsibility and already on record with the declaration that politics will play no part in such appointments.

Jacksonville Journal

Working Together Will Do It

The State-Wide Public Health committee of which John P. Ingle of this city is chairman has campaigned since first organized for the elimination of politics in public health administration.

Working together with a governor who feels the same way, the committee should be able to accomplish much in the four years of the next administration towards furthering better health conditions in Florida—and there is much room for improvement as anyone will see upon investigating the state's record of deaths from preventable diseases.

Prominent Speakers

A number of outstanding speakers have accepted invitations to address various sessions of the Twelfth Annual Convention of the Florida Public Health Association to be held in Tampa December 5, 6 and 7. Dr. A. B. McCreary, State Health Officer and President of the association has just announced the names of several who have accepted invitations.

Dr. R. L. Kahn, originator of the famous Kahn test for examining blood for syphilis, is to make his first speaking appearance in Florida when he appears before the association on December 6. Dr. Kahn, outstanding in the field of present day medicine, is the author of such books as "Serum Diagnosis of Syphilis by Precipitation", "The Kahn Test" and "Tissue Immunity". Dr. Kahn's professional affiliation is as a member of the faculty of the University of Michigan and director of the clinical laboratory at the University Hospital.

Another notable out-of-state guest will be Dr. Roy Norton, professor of public health administration, University of North Carolina. Dr. Norton's subject is birth control in a public health program. North Carolina has been stressing planned parenthood in its public health program.

Dr. Reginald K. Atwater, Executive Secretary, American Public Health Association, New York, will appear at the first general session. This is to be held Tuesday, December 5.

Dr. Carl E. Buck, field director of the American Public Health Association who supervised the recent state-wide Florida health survey, will again be a guest of honor at the convention. Dr. Buck will present an analysis of the progress Florida has made towards correcting the public health problems set forth in the survey. This work was completed June 30, 1939, and is the basis upon which the foundation of the State-Wide Public Health Committee was formed. To date, 10,000 copies of the summary have been distributed to interested citizens. Barry C. Smith, general director of the Commonwealth Fund, and Miss Barbara Quin, associate director, have been asked to be guests of honor of the Convention. It was through a grant of the Common-

Tentative

Florida Public Health Association
December 5, 6, 7

THURSDAY, DECEMBER 6

First General Session
9:30 A.M.

Afternoon Session
2:00 P.M.
Health Officers
Sanitary Engineers
Public Health Nurses

FRIDAY, DECEMBER 7

9:30 A.M.
Health Officers
Sanitary Engineers
Public Health Nurses

Afternoon Session
Second General Session
2:30 P.M.
8:00 P.M.

SATURDAY, DECEMBER 8

9:30 A.M.
Adjournment

wealth Fund to the Association that it was possible to conduct the survey without cost to the state.

Dr. J. Sam Turberville, physician and president of the Association, will address the Association on Public Health in the past year, and give a brief summary of the results of the Florida State-Wide Public Health Survey.

Both Governor Fred McSparran and Governor L. Holland are expected to attend. Governor Cone will give the closing address.

ers to Address Convention

ve Schedule

Health Association, Inc.
ber 5-7, 1940

DECEMBER 5, 1940

General Session
M. — 11:50 A.M.
noon Meeting
M. — 4:30 P.M.
Officers Section
Engineers Section
th Nursing Section

DECEMBER 6, 1940

M. — 11:50 A.M.
Officers Section
Engineers Section
th Nursing Section
noon Meeting
General Session
M. — 4:30 P.M.
P.M. Banquet

DECEMBER 7, 1940

M. — 12 Noon
jourment

merican Public Health Associ-
le to finance the Florida health
the state.

ille, prominent Florida physi-
the Florida Medical Associ-
e association on "History of
United States", and give a
accomplishments of the Flor-
Health Committee.

d P. Cone and Governor-elect
are to address the association.
give the address of welcome.

Governor-elect Holland is to appear before the gen-
eral session Friday afternoon, December 6.

George Gross, Secretary of the State Planning Board
will address the second general session Friday after-
noon. His subject is "Planning for Health and
Housing".

Three prominent lay speakers on the program are
Carl D. Brorein, Tampa, president of the Florida
State Chamber of Commerce, Walter J. Matherly,
Dean of Business Administration, University of Flor-
ida, and Karl Lehman, Secretary of the Lake County
Chamber of Commerce. These men are well known
throughout the state.

Dean Matherly, who has taken an active part on
public health since the formation of the State-Wide
Public Health Committee, has chosen as his subject,
"The Next Steps in Health Legislation". He gives
this talk Friday afternoon at the general session.
Dean Matherly is president of the Alachua County
affiliate of the state committee.

Mr. Lehman, another prominent Chamber of
Commerce official, is to appear on the same gen-
eral session with Mr. Brorein. The subject of Mr.
Lehman's speech is "Selling Public Health to the
Public". Mr. Lehman is one of Florida's best known
public speakers.

With vital statistics playing an increasingly
important part not only in public health but in
the everyday lives of private citizens, there should
be keen interest in the talk by Frank K. Dunn,
with the Informational Service, Social Security Board,
Washington. Mr. Dunn will talk on "Inter-rela-
tions Between Social Security Board, State Bureau
of Vital Statistics, Undertakers and other Officers
or Groups".

State health officers invited by Dr. McCreary
to attend the convention include Dr. J. N. Baker,
Alabama; Dr. T. F. Abercrombie, Georgia; Dr.
A. P. McCormack, Kentucky; Dr. R. H. Riley, Mary-
land; Dr. Felix J. Underwood, Mississippi; Dr.
Carl V. Reynolds, North Carolina; Dr. James A.
Hayne, South Carolina; Dr. I. C. Riggan, Virginia,
and Dr. Stanley Osborne, Connecticut.

Health Teaching Materials Based on Florida Problems Ready for School Teachers

Bulletins, known to educators as Source Units, were prepared at health education workshop this summer joint project of Florida Medical Association, State Department of Education and State Board of Health

Out of a summer's hard work at the Health Education Workshop in Tallahassee has come a set of health instruction material for Florida classroom teachers based upon the specific health problems of this state. This series is known among educators as source units.

There are 15 source units that will be ready for distribution within the next few weeks. The subjects covered are these:

Malaria—A Menace to Florida's Future

Hookworm Prevention and Control in Florida

Tuberculosis Prevention and Control Wanted—A Pied Piper for Florida (Typhus)

Pellagra—A Preventable and Curable Disease

The Production of Safe Milk

The Venereal Diseases

Building and Preserving Sound Teeth

Improved Appearance Through Better

Health Practices

Sleep and Rest

Health and Safety in the Home

Skillful Living (Tentative Source Units in Water, Home and Highway Safety)

Alcohol and Narcotics

Choice and Use of Health Services

Living With Others (Personality Development and Mental Hygiene)

Other source units developed in the Workshop are in the process of completion, and will be available to teachers from time to time. As they are ready, announcement will be made in the Florida School Bulletin.

Additional copies of the source units

are available at a cost of ten cents for the first copy and five cents for each additional copy, whether of the same or different source units:

Each source unit states the problem under consideration and suggests the personal reaction and understanding of the problem that should be acquired by each teacher if she and her students are to have a part in helping the state eradicate that problem. Accurate scientific facts relating to the problem are presented in such a way that they can be transmitted to students with the assurance that the students can easily grasp their significance.

Demonstrations and experiments that may be carried out by the students themselves after they have completed their study of the problem are also suggested. These are intended as a culminating activity that will give the student an opportunity to put his knowledge to work, to make it a thing of action instead of words on paper. It is felt that only in this way will the school be able to be of practical assistance to the state in lowering its preventable disease toll, and furthermore that it is only through action that the student will become sufficiently interested in the problem to want to "do something about it."

Each source unit also contains a carefully selected bibliography. The entire series is developed, not on grade levels, but in such a manner that the teacher of any grade may select material he or she thinks will be suitable for the grade to be taught. In this way, too, it is possible for the teacher to present the subject in

the manner she thinks will be most effective to each particular group of students.

The units are an outgrowth of the principles set forth in School Bulletin No. 4, "Plans for Florida's School Health Program," which was prepared in the summer of 1939. That bulletin, as well as the source units, are the joint work of the Florida State Department of Education, the Florida State Board of Health and committees of the Florida Medical Association. Both are based on facts revealed in "The Health Situation in Florida," summary survey of Florida health conditions made by the American Public Health Association in 1939.

Miss Fannie Shaw, a health educator of long experience and wide reputation,

directed both the bulletin and the Workshop. They were supervised by Joe Hall, consultant in health and physical education for the State Department of Education.

Members of the Workshop who prepared the units were:

John D. Anderson, Panama City; W. N. Blair, Madison; Beth Daane, Orlando; Elsie Douthett, Gainesville; Mrs. Materia F. Kicklighter, Sarasota; Dorothy B. Lamb, Sanford; Mary L. McDonald, Chattahoochee; Louise Mullinnix, St. Petersburg; Mille White, Ft. Walton; Jennie Wadsworth, Lee; W. M. Tomin, Lynn; Ruby Vann, Madison; Nancy Lutz, Jacksonville; R. P. Trogdon, Chipley; Mrs. Emily P. Brockman, Pensacola; Margaret White, Clearwater.

"90 OR MORE" MILK

Dr. A. B. McCreary, state health officer, has just announced that seven cities in the State of Florida, operating under U. S. Public Health Service Standard Milk Ordinance have received a rating on their milk of "90 or more". They are Miami, Coral Gables, Ft. Lauderdale, Apalachicola, Dania, Hollywood and Pompano.

"Of course, this does not necessarily mean that these seven cities have the only safe milk supplies in Florida, Dr. Arthur H. Williamson, chief dairy inspector for the State Board of Health said in transmitting his report to the state health officer. "It may be that some cities which have not asked the State Board of Health for an official survey have equally high ratings.

"The rating does mean, however, that of the 2300 cities in the United States operating under the U. S. Public Health Service milk ordinance, these seven Florida cities have the distinction of being among the blue ribbon cities of the Nation in the point of safe milk supply."

School Superintendents, County Committee Heads and Health Officers Meet

Conference at Tallahassee held to discuss methods of inaugurating Florida's new school health program. . . . effects only counties with full-time health units

Twenty-three Florida counties have an opportunity to give to their children as fine a school health program as exists anywhere in the United States. These are the counties which now have full-time accredited health departments.

School superintendents, health department directors, and Public Health Committee Chairmen from these counties met in Tallahassee on August 30 to discuss such a program.

The basis for discussion was the school health plan prepared and approved last summer by the State Board of Health, the State Department of Education and the Child Health Committee of the Florida Medical Association. The rock on which the plan is founded is "home, school, and community health."

Educators, health officials and informed laymen recognize that there can be no permanent, effective program of health in the schools unless the community and the homes from which the children come also carry on a vigorous, intelligently directed health program. This calls for the services of a full-time health department working closely with the schools and community.

With the health departments already established, and the schools anxious and willing to cooperate, representatives of these 23 counties gathered in Tallahassee to work out the practical application of the recommended school health plan.

The need for a healthful school environment, school building and grounds

in a condition conducive to the health of the child was the first item for discussion. Included here were the size, location and drainage of the school site, heating and ventilation of the school rooms, safe water supply and sewerage disposal. The lighting of class-rooms, proper seating and the operation of school lunch-rooms received much attention.

School busses, on which a large portion of our children are dependent for transportation and the physical and mental condition of the bus-driver, came up for consideration. The length and organization of the school day, provision for adequate recess and relaxation periods, and alternation of school work requiring close mental application with that calling for motor activity were discussed.

The prevention of communicable diseases is only possible if home, school and community work together, the group decided. The policy adopted by them calls on parents to see that the child is immunized against smallpox and diphtheria before he is six months old, and against typhoid before he enters school at the age of six years. Periodic examination of all school children by the full-time health department in cooperation with private physicians was recommended as vital. Immunization of all those children not having previously received such protection against smallpox, diphtheria and typhoid was recommended and the responsibility for carrying out such an immunization program was delegated to the health department, working with the schools and with the local county medical society.

The health of teachers and all other employees coming into close contact with school children received close attention. A thorough physical examination each year before school opens was urgently recommended.

A permanent program of health instruction in all grades, with special attention given to Florida's health problems was discussed at length. Outlines and suggested methods for teaching health as published in the bulletin "Plans for Florida's School Health Program" were approved. The group was enthusiastic over the study units on health which were prepared at the Health Education Work Shop this summer, and which dealt with Florida's important health problems. All signified their intention to use these study units in the schools of their county this year.

The resolution adopted by the group in regard to immunization against certain preventable diseases outlined the following as minimum recommendations in Florida schools:

A. — Every child should be immunized by the family physician against diphtheria, smallpox and typhoid before entering school the first year.

1.—Diphtheria

The child should receive toxoid the latter part of the first year of life. Evidence of immunity by the Schick Test should be given 3 to 6 months after the toxoid is given, or a second immunization done before the child enters school. The Schick Test for proved immunity should thereafter be given at appropriate intervals throughout the greater period of susceptibility.

2.—Smallpox

The child should be vaccinated at age 6 months to one year. Vaccination should be repeated at least seven years after original vaccination and again at the end of the adolescent period. Vaccination should also be repeated if the disease is present in the community.

3.—Typhoid

Typhoid immunization should be given before the sixth year of life and repeated at least three times during the school life of each child.

B. In those cases where children have not received immunization against typhoid, diphtheria and smallpox from the family physician it is the duty of the local health department and the school, through cooperation with the local medical society to make such immunization available, and a part of the school health program.

This was one of 16 resolutions passed by the meeting.

This meeting is considered a landmark in health progress. All the machinery for carrying out a school health program is available in these counties. The schools, health workers, and citizens are in agreement, and the program is soundly begun.

Dr. W. H. Pickett, Assistant State Health Officer presided at the all day session, and brief talks were made by State Superintendent of Public Instruction Colin English, Dr. L. J. Hanchett, Director of Local Health Service for the State Board of Health, and Joe Hall, Consultant in Health Education for the State Department of Education.

DEFENSE STYMIE

"Among the 20,000,000 men of draft age in the United States, 324,000 today are infected with syphilis. Syphilis is responsible for more non-productive man days in persons 20 to 39 years of age than the time lost through casualties during the entire period of the last world war.

"In a time when man-made earthquakes are rocking the world, we must neglect no necessary action to conserve our manpower and our industrial efficiency. Syphilis and gonorrhea are direct threats to both."—R. A. Vonderlehr, M.D., Chief, Division of Venereal Diseases, U. S. Public Health Service.

CANCER DEATHS
(All Forms)
BY COLOR AND BY COUNTIES, FLORIDA, 1939

Bureau of Vital Statistics, State Board of Health, Jacksonville
EDWARD M. L'ENGLE, M.D., Director

COUNTIES	Total	White	Colored
State	1,728	1,436	292
Alachua	30	20	10
Baker	4	4	0
Bay	11	10	1
Bradford	8	7	1
Brevard	26	20	6
Broward	32	25	7
Calhoun	4	3	1
Charlotte	3	3	0
Citrus	2	2	0
Clay	5	5	0
Collier	1	1	0
Columbia	16	12	4
Dade	280	259	21
DeSoto	6	5	1
Dixie	5	2	3
Duval	186	143	43
Escambia	66	51	15
Flagler	3	2	1
Franklin	3	3	0
Gadsden (Ex)	20	9	11
State Hospital	21	16	5
Gilchrist	3	3	0
Glades	1	1	0
Gulf	2	1	1
Hamilton	6	4	2
Hardee	13	13	0
Hendry	1	1	0
Hernando	10	10	0
Highlands	8	7	1
Hillsboro	180	160	20
Holmes	3	3	0
Indian River	4	3	1
Jackson	17	15	2
Jefferson	11	2	9
Lafayette	1	1	0
Lake	31	29	2
Lee	21	20	1
Leon	13	7	6
Levy	4	1	3
Liberty	1	1	0
Madison	5	2	3
Manatee	20	17	3
Marion	28	13	15
Martin	3	2	1
Monroe	8	6	2
Nassau	9	4	5
Okaloosa	4	4	0
Okeechobee	2	2	0
Orange	69	57	12
Osceola	19	19	0
Palm Beach	64	48	16
Pasco	12	10	2
Pinellas	166	158	8
Polk	64	59	5
Putnam	19	14	5
St. Johns	21	18	3
St. Lucie	5	2	3
Santa Rosa	5	5	0
Sarasota	36	31	5
Seminole	16	10	6
Sumter	1	1	0
Suwannee	1	1	0
Taylor	4	3	1
Union	5	5	0
Volusia	68	52	16
Wakulla	0	0	0
Walton	8	6	2
Washington	4	3	1

DEATHS FROM CANCER (All Forms) BY COLOR, FLORIDA, 1917 to 1939, INCLUSIVE

Bureau of Vital Statistics, State Board of Health, Jacksonville
EDWARD M. L'ENGLE, M.D., Director

Years	Total	White	Colored
1939	1,728	1,436	292
1938	1,551	1,308	243
1937	1,622	1,345	277
1936	1,458	1,217	241
1935	1,452	1,232	220
1934	1,325	1,099	226
1933	1,284	1,045	239
1932	1,244	1,040	204
1931	1,072	887	185
1930	1,032	834	198
1929	994	805	189
1928	887	705	182
1927	949	757	192
1926	878	723	155
1925	776	624	152
1924	700	560	140
1923	642	500	142
1922	538	435	103
1921	496	409	87
1920	497	370	127
1919	455	360	95
1918	429	327	102
1917	378	298	80

POPULATION STATE OF FLORIDA

Years	Total	White	Colored	
1920	968,470	638,153	330,317	Federal Census
1930	1,468,211	1,035,390	432,821	Federal Census
1935	1,606,842	1,140,045	466,797	State Census
1940	1,877,791			Unofficial

MEETINGS OF INTEREST

September	27	Macclenny	Baker County Public Health Committee
October	3	Daytona Beach	Northeast Florida Medical District
October	4	Lake City	North Central Florida Medical District
October	5	Pensacola	Northwest Florida Medical District
October	6-8	Detroit	Health Education Institute American Public Health Association
October	8-11	Detroit	69th Annual Meeting American Public Health Association
October	31	Dunedin	Southwest Florida Medical District
November	1	Ft. Pierce	South Central Florida Medical District
November	2	Miami	Southeast Florida Medical District
November	11-13	St. Petersburg	Florida State Dental Society
November	13-14	Miami	Florida Congress Parents and Teachers Associations
December*	—	Jacksonville	Southeastern Urological Association
March*	—	Tampa	Florida Conference of Social Workers
April 28-30	1941	Tampa	Florida Medical Association

*Date not set.

See

these Exhibits

Dermetics Company, Inc.

Gilliland Laboratories, Inc.

Lederle Laboratories, Inc.

Remington Rand, Inc.

Surgical Supply Company



and many others

at the

FLORIDA PUBLIC HEALTH
ASSOCIATION



12TH ANNUAL CONVENTION



TAMPA TERRACE HOTEL



December 5-7

1940

FLORIDA

HEALTH

NOTES

"Infections (venereal disease) among military personnel originate in the civilian communities . . . The venereal disease rate in a given military command reflects the efficiency of the venereal disease control program in adjacent communities."—R. A. VONDERLEHR, M.D., Assistant Surgeon General in Charge Venereal Disease Control, U. S. Public Health Service.

You Surely Must Go . . .

WHERE?

To Tampa.

WHEN?

December 5, 6, 7.

WHY?

It's the 12th Annual Meeting of

WHAT?

The Florida Public Health Association.

One of the outstanding programs in the Association's history has been arranged for this meeting.

—:—

— Headquarters —

TAMPA TERRACE HOTEL

FLORIDA HEALTH NOTES

ESTABLISHED 1890
JACKSONVILLE, FLORIDA

Official Publication State Board of Health

VOLUME 32

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1940

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HON. FRED P. CONE, Governor of Florida

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MALARIOLOGIST

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Red Cross Stresses Sound Chapter Planning To Pace Defense Expanded Program

DON C. SMITH

Director of Red Cross War Service

Red Cross Service To Armed Forces of Vital Concern To Both Government and Community Because It Is the Connecting Link Between Armed Forces and Civilians

No picture of the national defense of the United States is complete without the Red Cross. Practically all its services, contributing as they do to the health and well-being of the nation, are of greater significance and value in time of national stress. This is axiomatic.

All Chapters are obliged to provide a service, historically known as Home Service, which springs directly from fundamental Red Cross purposes. This Chapter responsibility dovetails with a corresponding service provided by the National Organization to put into practical operation certain obligations placed squarely upon the American Red Cross by the Congress of the United States. No Chapter anywhere, regardless of size or location, can lay claim to fulfilling the precepts of Red Cross if it shirks this primary responsibility. This is because of a very practical consideration; to be of value in the purposes for which primarily created "its field of action must cover the entire territory of its country, including dependencies."

The quotation is from the basic principles of National Red Cross Organization adopted by the International Red Cross Committee and the League of Red Cross Societies. The service of the National Organization, to which are joined the Home Service Sections of Chapters, is also an established one, but its name has undergone changes from time to time. During the last World War it was known as Military Relief, then as Post War Service and

later as War Service. The post was probably dropped when it was ascertained we didn't know whether war was behind or ahead of us. Another title which would better define this effort is Military and Naval Welfare Service, for that more accurately connotes its activities.

The important point is that the services rendered by Chapters and by the National Organization are Red Cross twins. Like the hen and the egg, there is still some argument about which had priority, but one can not possibly function adequately without the other.

Details of the service are outlined briefly, for it is of the greatest importance that these be reviewed in the light of present day conditions. The National Organization has already taken the necessary steps to keep pace in volume and tempo the measures undertaken by the Government to develop its defense forces.

This service by the American Red Cross is predicted upon three basic facts. First, that morale underlies all aspects of military life. Second, that anxiety, worry and fear are productive of poor morale. Third, that anxiety, worry and fear retard the recovery of the sick and injured and may entirely negate medical aid in certain circumstances.

The military man is not different emotionally from his civilian brother. He may be married, have children,

parents, brothers or sisters, any or all of whom may be dependent, wholly or partially, upon him for support. In any event, he is a member of the family unit whose state of being, social, physical or economic, is of vital concern to him.

The unity or dislocation of the family group will be translated into good or bad morale or into rapid or slow recovery from illness. The better he is a soldier or sailor, the more sensitive to his military duties, so also the more keenly he will feel his obligations to his family and react to unfavorable conditions affecting them. This is all quite apart from the values of Red Cross service from the standpoint of the general welfare of the families, with the resulting wholesome effect upon their morale which in turn exerts strong influence upon the morale pattern of the entire military establishment.

It must be remembered that the service man is a part of the military population while the other members of his family belong to the civil population. The complications so common to all family life, arising from sickness, death, social and economic dislocations, can not, in his case, be met intelligently or adequately except by the utilization of both military and civil resources. It follows that the coordinating agency must be one with contacts in the military and civil communities, versed in the regulations, customs and requirements of the former, and the social, medical and economic resources of the latter.

The representatives of the National Organization serving with the armed forces, and the Home Service sections of Red Cross Chapters unite to put into practical effect the provisions of Section 3 of the charter by Congress upon which this Service rests:

"To act in matters of voluntary relief and in accord with the military and naval authorities as a medium of communication between the people of the United States of America and their Army and Navy . . ."

This Red Cross service is available to the members of the Army, Navy, Marine Corps and Coast Guard and their dependents, and to the men and dependents of those who suffer disability or death while in the defense forces of the Nation. Its comprehensive and constructive nature is illustrated by the following functions performed at the specific request of the War and Navy Departments:

Arranges for relief of families in distress.

Plans and provides helpful advice on welfare matters of families.

Assists in locating service men or families.

Assists in obtaining employment for members of families.

Assists families in solving business problems.

Furnishes particulars of the Government's program and assists in obtaining benefits to which entitled.

Assists men being discharged for disabilities to reestablish themselves in civil life.

Obtains reports of home conditions required by military authorities in considering questions of dependency discharge, emergency furloughs, and the disposition of other matters.

Acts as a medium of communication between hospitals and families of men dangerously ill.

Looks after the comfort of relatives summoned to hospitals because of dangerous illness of service personnel.

Provides medical social service in the general hospitals. This includes the gathering of family social and medical data required by the medical authorities in the consideration of diagnosis and treatment of certain diseases.

Coordinates recreational activities for convalescing service men in general hospitals.

This program does not overlap or duplicate any function of the Government.

Encampment Areas Present Venereal Disease Problem That Begins With Citizens

Joint Agreement on Control Program Reached by War and Navy Department, Federal Security Agency and State Health Departments . . . Need Cooperation of Local Citizens and Their Health Departments.

Army and Navy and civilian health authorities will cooperate in active control of venereal disease in areas where armed forces and national defense employees are concentrated. A joint agreement by the War and Navy Departments, the Federal Security Agency and State Health Departments has been released through the United States Public Health Service.

"Infections among military personnel originate in the civilian communities," Assistant Surgeon General R. A. Vonderlehr of the United States Public Health Service says in commenting on the new policy.

"Recent experience indicates that the venereal disease rate in a given military command reflects the efficiency of the venereal disease control program in adjacent communities. The same may be said for industrial defense concentrations."

"Effectively carried out," Dr. Vonderlehr said, "the 8-point cooperative program will contribute substantially to the physical fitness of men in the armed and industrial defense forces."

The chief of the Federal venereal disease control forces pointed out that more than six-and-a-half million days were lost to the Army during the last

war because of venereal disease. "Almost 350,000 officers and men—the equivalent of 23 divisions of 15,000 men each—were treated for venereal disease. Much of that lost time could have been avoided," Dr. Vonderlehr empha-

"More than 6,500,000 days were lost to the Army during the last War because of venereal disease. Almost 350,000 officers and men—the equivalent of 23 divisions of 15,000 men each—were treated for venereal disease. Much of that lost time could have been avoided if communities in which those infections occurred had proper venereal disease control measures. Infections among military personnel originate in the civilian communities. The venereal disease rate in a given military command reflects the efficiency of the venereal disease control program in adjacent communities."—R. A. Vonderlehr, M.D., Assistant Surgeon General.

sized, "if communities in which those infections occurred had proper venereal disease control measures."

The text of the joint agreement follows:

"An Agreement by the War and Navy Departments, the Federal Security Agency, and State Health Departments on Measures for the Control of the Venereal Diseases in Areas Where Armed Forces or National Defense Employees are Concentrated."¹

It is recognized that the following services should be developed by State and local health and police authorities

in cooperation with the Medical Corps of the United States Army, the Bureau of Medicine and Surgery of the United States Navy, the United States Public Health Service, and interested voluntary organizations:

1. Early diagnosis and adequate treatment by the Army and the Navy of enlisted personnel infected with the venereal diseases.

2. Early diagnosis and treatment of the civilian population by the local health department.

3. When authentic information can be obtained as to the probable source of venereal disease infection of military or naval personnel,² the facts will be reported by medical officers of the Army or Navy to the State or local health authorities as may be required. If additional authentic information is available as to extramarital contacts with diseased military or naval personnel during the communicable stage, this should also be reported.

4. All contacts of enlisted men with infected civilians to be reported to the medical officers in charge of the Army and Navy by the local or State health authorities.

5. Recalcitrant infected persons with communicable syphilis or gonorrhea to be forcibly isolated during the period of communicability; in civilian populations, it is the duty of the local health authorities to obtain the assistance of the local police authorities in enforcing such isolation.

6. Decrease as far as possible the opportunities for contacts with infected persons. The local police department is responsible for the repression of commercialized and clandestine prostitution. The local health departments, the State Health Department, the Public Health Service, the Army, and the Navy will cooperate with the local police authorities in repressing prostitution.

7. An aggressive program of education both among enlisted personnel and the civilian population regarding the dangers of the venereal diseases, the method for preventing these infections, and the steps which should be taken if a person suspects that he is infected.

8. The local police and health authorities, the State Department of Health, the Public Health Service, the Army, and the Navy desire the assistance of representatives of the American Social Hygiene Association or affiliated social

hygiene societies or other voluntary welfare organizations or groups in developing and stimulating public support for the above measures."

The agreement was adopted by the Conference of State and Territorial Health Officers in May, and has since been approved by the Secretaries of War and Navy and the Administrator of the Federal Security Agency.



¹ Adopted by the Conference of State and Territorial Health Officers, May 7-13, 1940.

² Familial contacts with naval patients will not be reported.

Pulse of

Much To Be Done

(Tampa Daily Times)

The impartial report of a national expert that the progress Florida has made in public health conditions in the last 15 months is "remarkable" should make every Floridian proud, but it should be the kind of pride that stimulates even greater progress instead of a dangerous attitude of sitting back and resting on our laurels.

Dr. Carl E. Buck, field director of the American Public Health Association, told public health officials meeting in Detroit that 58 percent of the recommendations he had made following a survey in Florida two years ago had already been carried out and that there has been a 77 percent increase in the establishment of full-time county health units.

There is much more to be done. Florida has the added responsibility of safeguarding the health of increasing numbers of visitors and the thousands of enlisted men who will be stationed in the State. There must be no slipping back such as the abandonment of Hillsborough County school pupils' health examinations which is threatened by a shortage of funds.

Hillsborough County has a full-time health unit which, with limited funds, will seek to carry out the health examination program as far as possible, in addition to its other work. This can be supplemented by health studies planned for the schools. Floridians should overlook no opportunity to keep their State at the top in public health conditions.

Florida Scores I

(Florida Times)

Progress in public health in the past 15 months has been 40 percent of the recommendations in the report of 1939 already have been a 77 per cent increase in county health units in the State.

Such are the facts revealed at the convention of the American Public Health Association in Detroit by Dr. Carl E. Buck, field director. He headed the group of speakers on health conditions in Florida.

This just recognition of the progress has determined to give residents conditions equal to the best in the country, to coincide with demands. These authorities have decided that they will expect of community health personnel of trainees at the various health construction in Florida. The State and the Army men have the same interest in public health.

It should also be said that the progress should offset to a large degree the highly unfavorable conditions in the "Arkies," released last week. Described conditions in the malarious Okeechobee, were widely publicized by comment by those who like "squalor" existing so near the water.

Here at home a cry was sent out that "cover-up" methods should be sent out that would injure Florida more enlightened public opinion. It is declared instead that the conditions given full publicity, and steps should be taken.

The latter course was the one that now prove. Now Florida fits of the publicity derived from the fact they have discovered a weak point and are moving with "remarkable" speed. They are pictured as "doers."

To the Health Committee chairman must go much of the credit for having attended the health program by Dr. Buck. Members of the committee contributing their time without pay for the common welfare, have been working on the program of improvement.

They have not won the fight yet, but during the last 15 months show they are in the right direction, and are determined to overcome obstacles that may be encountered.

the Press

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We March Toward Health

(Orlando Sentinel)

Florida has reason to congratulate herself and her health officers for the long gains made towards better health organization and better health protection.

The measure of her progress is made, not by any of the state's health agencies, but by an outsider who knows Florida's health situation intimately by personal survey, Dr. Carl E. Buck, field director of the American Public Health Association.

Dr. Buck, who also likes to bring 'em back alive, headed a survey of health conditions in Florida two years ago and made a series of recommendations for improvement.

Already, he told the convention of his association in Detroit, Florida has carried out 58 per cent of his suggestions and is still on its way to make the consummation complete.

According to Dr. Buck, Florida has made the greatest proportionate gains of all the states in meeting the demands of public health service, but that does not mean Florida is ahead of other states in actual protection.

She has still a bit of road to travel before she is even average in this respect, but since she is on her way we are optimistic enough to believe she will continue until health protection completely covers the state and every county in it.

Of all human interests, certainly none comes ahead of health, the ability to enjoy life and live it fully, without which all other benefits are diminished in usefulness and importance.

Thousands of Micro-organisms Are Expelled From Mouth and Nose in Coughing or Sneezing

Lay People Do Not Appreciate Danger Of Unstifled Coughing And Sneezing Because Most Of The Droplets Expelled From Mouth And Nasal Passages Are Invisible

When a person indulges in an unstifled sneeze and unprotected sneeze or cough, the numbers of droplets expelled from the nose and nasal passages are counted by the thousands. The number varies with the intensity of the expiratory effort.

Little wonder then, that so many respiratory infections are spread in this way. And little wonder that with the first whiff of Autumn air the colds begin, and many colds turn into influenza or pneumonia.

Doctors have long recognized the dangers of the spread of respiratory infections by micro-organisms from the mouth and respiratory passages introduced into the air in the droplets given off in coughing and sneezing. Public health authorities carry on educational campaigns to persuade the public to use greater caution when they sneeze and cough. But thus far the campaign has not reached enough people.

Colds and other infections continue to cause a greater loss of work days than any other one disease.

The accompanying photograph taken by Prof. M. W. Jennison, Department of Biology and Public Health, Massachusetts Institute of Technology, shows a violent, unstifled sneeze. The droplets are "stopped" in full flight.

The number of bacteria per sneeze may be in the thousands. Most droplets are under 2 mm. in diameter, and many are less than 0.1 mm. The "muzzle velocity" of some droplets is as great as 150 feet per second. Large droplets

may be expelled to distances of 12 feet, but the majority do not travel more than 2 or 3 feet.

The involuntary closing of the mouth near the end of a sneeze tends to form a restricted orifice, resulting in the production of more and smaller droplets. The number of droplets issuing from the nose in an unstifled sneeze is insignificant compared with the number expelled from the mouth. Cough droplets are, in general, fewer in number and larger than sneeze droplets. Some droplets fall to the ground, others evaporate, leaving their bacteria suspended in the air, through which they may be disseminated by air currents. Covering the mouth in coughing or sneezing is effective in preventing introduction of droplets into the air.

The picture was taken using the Edgerton technique of high-speed photography, which substitutes an instantaneous flash of light for the opening and closing of a camera shutter. This stroboscopic light illuminates the object to be photographed with an intense flash of short duration. This technique "stops" objects in motion by providing a duration of flash (exposure time) so short that the object does not move any appreciable distance during exposure. The light was placed in such a position that the droplets were illuminated with a dark-field effect, thereby standing out sharply even in daylight, and giving photographic images larger than actual droplet size. The time of exposure was about 1/30,000 of a second.



Kah-Choo!

When you sneeze, thousands of invisible droplets are expelled into the air. Result, spread of respiratory infections, such as colds and influenza. Object lesson: Cover your sneezes and coughs with a handkerchief. (Photograph by Department of Biology and Public Health, Massachusetts Institute of Technology.)

P. T. A. Stresses Health

Public health will have a prominent place on the program of the 1940 Convention of the Florida Congress of Parents and Teachers to be held in Miami, November 12-14. The keynote address will be delivered by Miss Katherine Lenroot, chief of the U. S. Children's Bureau. Florida public health leaders, representing both lay and professional groups, scheduled to appear are Walter J. Matherly, Dr. William H. Pickett and John P. Ingle.

The subject of Dean Matherly's address is "The Relation of Wealth to Health and Public Welfare." Dean Matherly is president of the Alachua

County Council on Health and Welfare, and dean of the College of Business Administration of the University of Florida. He has been actively associated with the State-Wide Public Health Committee, with which the Alachua council is affiliated, ever since the state organization's formation.

Dr. Pickett, Assistant State Health Officer, and Mr. Ingle, president of the State-Wide Public Health Committee, will participate in a panel discussion on health and public welfare headed by Mr. Matherly, C. C. Codrington, Commissioner, State Welfare Board, will present his organization's phase of the discussion.

Florida State Nurses' Association Will Gather At Pensacola For Convention

Registrations begin at San Carlos Hotel Sunday afternoon, November 3 Convention opens with business session Monday morning First general session scheduled for 8:30 P. M. Monday night Busy program planned.

Guest speakers from Washington and New York will highlight the annual convention of the Florida State Nurses' Association, being held November 4-5-6 in Pensacola at the San Carlos Hotel. Mrs. Alma Scott, RN-Director of the American Nurses Association will give the feature talk at the first general session the opening night.

Miss Ruth Heintzelman, RN-Regional Consultant U. S. Children's Bureau, and Miss Donna Pearce, RN-Regional Consultant U. S. Public Health Service will speak before the public health section. A luncheon is to be given Tuesday noon, honoring Miss Mary DeLasky, RN-Red Cross Headquarters, Washington.

The complete program follows:

Sunday, November 3, 1940

REGISTRATION

4:00 to 6:00 P. M.

7:00 to 9:00 P. M.

San Carlos Hotel — Headquarters.

LEAGUE BOARD MEETING, STATE NURSES' EXECUTIVE BOARD MEETING
8:00 P. M.

Monday, November 4, 1940

REGISTRATION

8:00 to 9:00 P. M.

OPENING BUSINESS SESSION

9:00 A. M. to 12:30 P. M.

Presiding: Martha Stetson, RN-President Florida State Nurses' Association

LEAGUE MEETING

1:00 to 4:00 P. M.

Presiding: Juanita Robson, RN-President
State League of Nursing Education

Call to Order

Report of Officers

Appointment of Tellers

The Head Nurse as an Administrator and as a Teacher — Miss Erma Holtzhausen, State Board of Examiners of Nurses, Tennessee.
2:00 to 2:30 P. M.

Common Behavior Problems of Infants and Children — Dr. Alvyn White, Pediatrician, Pensacola. 2:30 to 3:00 P. M.

Factors in the Emotional Adjustment of Children with Handicaps — Mr. Millard Davidson, Superintendent Florida Industrial School, Marianna. 3:00 to 3:30 P. M.

Address — Dr. John F. Lovejoy, Crippled Children's Commission, Jacksonville, Florida.

Election of Officers

Tea — Pensacola Hospital — 5:00 P. M.

Fish Fry — Saunders Beach — Courtesy of Municipal Advertising Board — 6:30 to 8:00 P. M.

GENERAL SESSION

8:30 P. M.

Presiding: Martha Stetson, RN-President Florida State Nurses' Association

Invocation: Rev. John D. Thomas

Welcome to Pensacola: Mayor L. C. Hagler

Response to Address of Welcome: Jean Waldron

Recent Developments in Activities of the American Nursing Association and its relationship to the N. L. N. E. and N. O. P. H. N. — Mrs. Alma Scott, RN-Director, Headquarters, ANA.

Musical Program

Tuesday, November 5, 1940

RED CROSS SECTION

9:00 to 10:00 A. M.

Presiding: Margaret Hand, RN-Chairman
State Committee-Red Cross Nursing

Report of Local Committees — 9:00 to 9:15 A. M.

Report of National Red Cross Convention — 9:15 to 9:30 A. M.

A Message from Red Cross Headquarters — Miss Mary DeLaskey, Washington, D. C. — 9:30 to 10:00 A. M.

PUBLIC HEALTH SECTION

10:00 A. M. to 12:00 Noon

Presiding: Mrs. Lydia C. Holzscheiter, RN-Chairman
Public Health Section

Greetings—Dr. A. B. McCreary, State Health Officer—10:00 to 10:15 A. M.
Mental Hygiene and Public Health Nursing — Miss Ruth Heintzelman, RN-Regional Consultant U. S. Children's Bureau — 10:15 to 10:40 A. M.

Report of Education Activities — Miss Ruth E. Mettinger, R.N. — 10:40 to 10:50.

Visiting Nursing as it Applies to County Health Units — Miss Donna Pearce, R.N., Regional Consultant, USPHS — 10:50 to 11:20 A. M.

Student Nurse Affiliation in Public Health Panel Discussion — Miss Elizabeth Reed, R.N., Leader, Escambia County Health Department— 11:20 to 11:50 A. M.

Business and Election of Officers — 11:50 to 12:00 Noon

RED CROSS LUNCHEON

12:00 to 1:30 P. M. — San Carlos Hotel

Guest: Miss Mary DeLasky, R.N., Washington, D. C.

PRIVATE DUTY SECTION

1:30 to 4:30 P. M.

Presiding: Mrs. Barbara Rabun, R.N., Chairman
Private Duty Section

Common Ophthalmic Emergencies — Capt. John McKissick, U.S.A., Fort Barrancas — 1:40 to 2:00 P. M.

Address: Dr. J. S. Turberville, President Florida Medical Association — 2:00 to 2:20 P. M.

Where Is Private Duty Nursing Going? — Mrs. Alma H. Scott, R.N. ANA— 2:20 to 2:50 P. M.

Legislative Needs from the Private Duty Standpoint — Mrs. Shirley Rezeau, R.N., Miami, Leader — 2:50 to 3:20 P. M.

Round Table Discussion on Eight Hour Duty — 3:20 to 4:00 P. M.

MOTORCADE

4:30 P. M.

BANQUET AND DANCE

8:00 P. M. — San Carlos Hotel

Wednesday, November 6, 1940

REGISTRY BREAKFAST

8:00 A. M. — B. & B. Cafe

Presiding: Miss Mary E. Shumaker

PRIVATE DUTY BUSINESS SECTION

9:00 to 10:00 A. M.

Presiding: Mrs. Barbara Rabun, R.N., Chairman
Private Duty Section

JOINT GENERAL SESSION

10:00 A. M. to 12:00 Noon.

Old Business — Credential Report

New Business

BOARD MEETING

12:00 Noon

Meetings of Interest

November 1	Ft. Pierce	South Central Florida Medical District
November 2	Miami	Southeast Florida Medical District
November 4-5	Pensacola	Florida State Nurses' Association
November 6	Ocala	Executive Committee, Florida Federation of Women's Clubs
November 11-13	St. Petersburg	Florida State Dental Society
November 13-14	Miami	Florida Congress of Parents and Teachers Associations
December*	Jacksonville	Southeastern Urological Association
December 5-7	Tampa	Florida Public Health Association
March*	Tampa	Florida Conference of Social Workers
April 28-30	Tampa	Florida Medical Association

* Date not set.

These Exhibits Are Worth Your Attention

Dermetics Company, Inc.

Gilliland Laboratories, Inc.

Lederle Laboratories, Inc.

Remington Rand, Inc.

Surgical Supply Company

Scientific Exhibits

PUBLIC HEALTH

Women's Field Army, Florida Division American

Association for Control of Cancer

Florida Tuberculosis Association and Division

Tuberculosis Control, State Board of Health

Bureau of Maternal and Child Health

State Board of Health



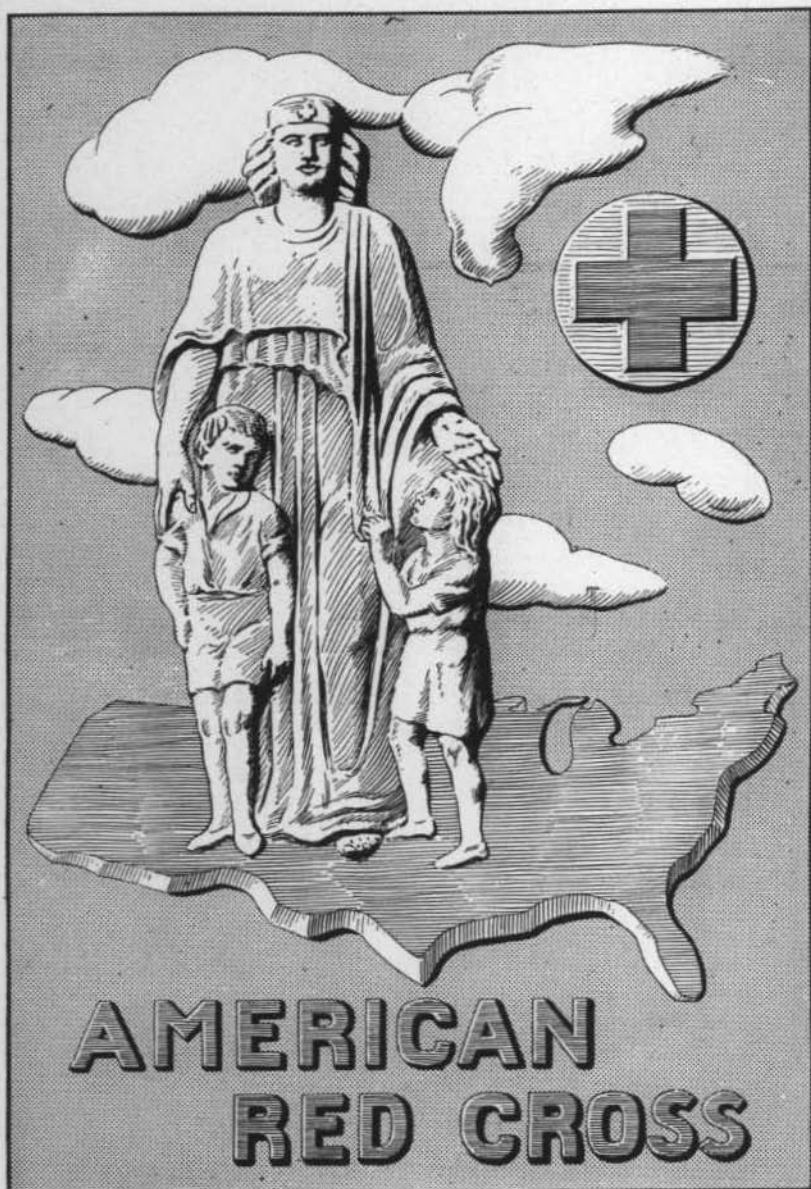
FLORIDA PUBLIC HEALTH ASSOCIATION

12TH ANNUAL CONVENTION

TAMPA TERRACE HOTEL



December 5-7, 1940



AMERICAN RED CROSS

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FLA STATE LIBRARY
TALLAHASSEE FLA

FLORIDA

HEALTH NOTES

FIND EARLY TUBERCULOSIS

Fluoroscopic roentgenography has a definite place in finding significant tuberculosis. It is relatively inexpensive and more than reasonably accurate."

—EZRA BRIDGE, M.D., *Amer. Rev. of Tuber.*, Aug. 1940.

VOLUME 32, NO. 12

DECEMBER 1940

OFFICIAL PUBLICATION

STATE BOARD OF HEALTH

JACKSONVILLE, FLORIDA

New Case-Finding Method

The new mobile x-ray unit of the Division of Tuberculosis will soon be completed and should be ready for action by the beginning of the new year. The unit will enable selected groups of the population to be x-rayed by means of miniature radiography,—photography of the fluorescent image of the chest. This method will reduce the cost of x-rays to approximately $1\frac{1}{2}\text{¢}$ per exposure.

The old mobile unit will be remembered as a rapid x-ray unit in which paper films in rolls were employed. This unit was transported thruout the state in a small truck and the apparatus was unloaded at selected centers. It was necessary to make arrangements with the local power supply companies so that suitable power could be obtained to energize the x-ray machine.

The new mobile x-ray unit is housed in a trailer-truck approximately twenty-eight feet long. There are eight dressing rooms inside it and there is a compartment for a generator. The unit also consists of a moderately high powered x-ray machine and a photographic-roentgen unit for taking miniature films. The advantages of this unit are as follows:

1. Because of the economy involved, it will be possible to x-ray at least twenty times as many individuals as was possible with the original unit at the same cost.
2. The disadvantages of using paper films will be eliminated.
3. It will allow individual examinations to be made, as well as mass x-ray studies.
4. It will not be necessary to depend upon local current, as the generator will supply a stable, uniform power for the x-ray work.
5. The uniform current developed by the generator will eliminate the 6% loss of films due to fluctuation of line current.
6. In inclement weather, individuals to be radiographed may use the dressing rooms, so avoiding exposure of the patient to danger of colds.
7. The construction of the unit is such that it can be put to work at a moment's notice.
8. Films will be developed in a comparatively short time; thus enabling reports to be made sooner.

The x-ray is an important factor in the control of tuberculosis. The new mobile x-ray unit will enable the Division of Tuberculosis to make this diagnostic facility available to larger groups of the population than was ever possible previously.



FLORIDA HEALTH NOTES

ESTABLISHED 1890

JACKSONVILLE, FLORIDA

Official Publication State Board of Health

VOLUME 32

NUMBER 12

DECEMBER

1940

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Florida Health Notes, published **monthly** on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Ac: of Aug. 24, 1912.

'No Fool was Ever Cured of Tuberculosis' is Saying that Becomes Increasingly True

WALTER B. JOSEPH, JR.

Patient, Escambia County Tuberculosis Sanatorium

Those Who Refuse to Follow Doctor's Orders Are Taking Undue Advantage of Personal Liberty and Jeopardizing Lives of Not Only Their Family but Entire Community

For many generations the opinion among leading tuberculosis specialists has been, "no fool was ever cured of tuberculosis." In other words, a successful cure of tuberculosis depends almost as much on what's in the head as what's in the lungs.

This bit of irony seems quite reasonable when one considers the many who refuse to accept treatment for active disease. Whatever their explanation, the proven, inevitable results brand the active foolhardy and dangerous and only a few ever escape the tragic consequences of their folly.

There are three simple, fundamental facts concerning tuberculosis that should be considered in every case:

1. Tuberculosis is caused by a germ and is therefore infectious.
2. All infectious diseases demand isolation.
3. All diseases are far less serious when discovered early and properly treated.

It should be encouraging to the many victims of tuberculosis to know that, if the rest cure is religiously adhered, almost all minimal cases of tuberculosis can be cured;

many moderately advanced cases can be arrested and a goodly number of the far advanced cases can expect their disease to be reduced to such a degree of inactivity that many can return to an appreciable degree of normal social usefulness.

In light of the foregoing facts, the very obvious thing for a person to do when he finds that he has tuberculosis, is to go to bed and rest and rest and rest. The only logical place to get that rest is in a sanatorium where the atmosphere is one of pleasant inactivity and everyone is doing the same thing—resting. Amicable doctors and nurses help to make it easy for him to rest and what's more, to enjoy it.

On the other hand patients attempting to take the rest cure at home must do so in an environment of activity and assailed by a natural tendency to break self-imposed restrictions.

The explanations offered in defense of a patient's refusal to accept treatment are many and varied. But whatever their nature and by whatever process they were derived, the fact that ignorance was the chief influence is plainly evident in the majority of cases. Only a complete lack of under-

standing of the basic facts of tuberculosis or a twisted and distorted interpretation of those facts could possibly cause any person to sell his health down the river.

One example is the patient who decides, after only a short stay in the hospital, that he would have made better progress in a different locale and under some different form of treatment. This, if you please, is that old familiar refrain, "thar's greener pastures beyond them thar hills."

What happens here is that the patient is pumped and primed with various bits of misinformation by some laquacious and meddlesome ne-er-do-well, without the least regard for the important issues at stake, he relates in glowing terms how some "close friend" achieved an almost instantaneous recovery through some "sure-cure" which invariably proves ridiculous and too often injurious to the patient's health.

That the patient prefers this ill-advice to the sound advice of the doctor is probably due to the fact that it is what he would like to believe and that it coincides with his whims and pleasures while the logic of the doctor is not as easy to take.

Another explanation reflects antipathy toward any surrender of personal liberty. The sanatorium, in such cases, is compared to a penal institution and its doctors and nurses to tyrants ruling with rods of iron. Surely, this cannot be considered an intelligent view.

One of the vital prerequisites of a good American citizen is the high value he places upon his personal liberty. He would never think of relinquishing that liberty for a return of less than its full

face value. Personal liberty is indeed a prized possession, but what is the value of liberty without the privileges and blessings of personal health.

Health impaired by tuberculosis can only be repaired through sacrifice of personal liberty for a period of complete rest. During this period the patient is governed by the rules and regulations of the institution, essential factors in assisting the patient in curbing inclinations injurious to his health.

Whether it means months or years of "incarceration" the returns in health and happiness should concern even the skeptic that, to do otherwise, would be foolish.

There is one explanation, however, that cannot be justly attributed to a lack of understanding of tuberculosis, but more to a rupture of the social machinery of the community. It is the one

given by that person which represents the sole source of income for his family.

When told he has tuberculosis and must stop work and take the rest cure he is faced with many problems. "Will the rent be paid? Will my children get enough to eat and enough to wear? Must their education suffer? What about my job? Will the boss take me back?"

These problems must be solved before any approach can be made to the problem of health. For tuberculosis cannot be successfully treated if its social implications are to be ignored.

Tuberculosis is not invincible. Ignorance, its greatest ally, provides its victories. Poverty attributes to its success. The basis for all its hope of existence lies in man's gullibility, his carelessness and foolish superstitions. But all

CHRISTMAS SEALS



Help to Protect
Your Home from
Tuberculosis

Definite Strides Being Made in Rehabilitation of Persons with Arrested Tuberculosis

CLAUD M. ANDREWS

Supervisor Vocational Rehabilitation
State Department of Education, Tallahassee

Rigid Rules Avoided Because Each Patient Must Be Handled According to Personal Merits and Physical Limitations . . . However, Certain Recognized Principles Are Followed.

The vocational rehabilitation of men and women who have suffered severe physical handicaps is always a difficult job. The victims of tuberculosis certainly are no exception to this rule.

The physical impairment, while a real vocational handicap, is often not so great a problem as overcoming the shattered morale, and the restoration of the patient's confidence in his ability to again become a wage earner. Every experienced rehabilitation worker, as well as every physician familiar with tuberculosis cases knows that the disease leaves many emotional maladjustments as well as physical limitations. The rehabilitation worker will therefore need all the recourses at his command.

He will also need the cooperation of the medical and social workers who serve the tuberculous. Without the help of these co-workers, his job of vocational rehabilitation will be far too difficult if not impossible. I am, therefore, glad to have this expression of interest and evidence of a desire to cooperate in vocational rehabilitation by your group of workers.

Prior to the opening of the State Tuberculosis Sanatorium, the Rehabilitation Section rarely had an application from a person claim-

ing tuberculosis as his disability. A few cases were called to our attention by the Tuberculosis Association and by the Red Cross, and we were able to help some of them.

Recently, there has been evidence that tuberculous persons are becoming rehabilitation minded. The result is that in place of three or four of these cases in our active files, we now are working on over 50 tuberculous cases. We hope that we shall be able to render these cases service which will be of lasting benefits.

In order to give a clear understanding of rehabilitating tuberculous patients, it is necessary to give some facts regarding the state rehabilitation program:

The Federal Rehabilitation Act defines rehabilitation as "the rendering of a disabled person fit to engage in **remunerative employment.**" While there are many phases of the rehabilitation process, it is primarily a service of vocational guidance, vocational training and supervision, and finally of placement in employment.

Obviously, the first step is the careful selection of cases. In order to be eligible for rehabilitation service the applicant must have a physical and permanent impair-

ment that is a vocational handicap, but there must also be a reasonable possibility of his becoming employable before he is considered feasible for rehabilitation.

It would be of no value to the patient for him to attempt to do the impossible and such an attempt would also be a waste of public money. All jobs require certain abilities. They are not primarily designed to fit individuals. Individuals must be found to fit the jobs. To forget this fact is foolish however much we may regret it.

Fortunately, quite a few jobs can be performed without the full use of all of the normal physical body. This makes it possible to rehabilitate persons who have been handicapped by tuberculosis, **provided** they have recovered to the extent that they are physically able to work on carefully selected jobs.

Knowing that each case must be handled on its merits, the Rehabilitation Section has avoided the adoption of rigid rules governing its service, but certain recognized principles must be followed. Among them are:

1. The patient's disease must have been diagnosed as arrested by a competent physician, preferably a member of the staff of a sanatorium.
2. The physician who treated the patient must have advised that the patient is physically able to take the training and do the work contemplated.
3. There must be some provision for medical follow up and examinations often enough to keep us advised of any hazards to the patient's health. The Rehabilitation Section cannot assume any responsibility for medical or surgical treatment.

4. The Rehabilitation Section will attempt to provide only vocational training courses which are designed to fit the patient for a particular job. It is not authorized to give, nor will it try to give, courses in general education.

5. The Rehabilitation Section, under a recent ruling of the U. S. Office of Education, will be able to assist indigent trainees with the cost of room and board for a limited length of time when no other means of support is available.

6. The Rehabilitation Section considers occupational therapy as a part of medical or curative treatment associated with a sanatorium and will not attempt to enter this field.

7. The Rehabilitation Section will make a case study of all persons who apply for rehabilitation and will welcome reports regarding feasible cases from all persons working with the tuberculous. The interested, the experience, and the capacity of the individual considered together with employment possibilities, will be the guiding factors in the selection of training courses.

The Rehabilitation Section co-operates with you. You can help us by being sure that all cases needing rehabilitation services are properly reported to us and by keeping in contact with your cases until they are employed. There will be many opportunities for service along the rehabilitation highway before the tuberculous patient arrives at his destination—a self-supporting citizen. I am glad to report that a few of them are now reaching that goal.

Our problems are not yet solved, but we are certainly much farther advanced than at any time in our history. At least some tuberculosis patients are now living and becoming rehabilitation problems.



Test Yourself

QUIZ

TUBERCULOSIS IS PRIMARILY:

1. _____? A sickness caused by getting a cold while being in a run-down condition.
2. _____? A disease caused by a germ entering the body.
3. _____? An inherited disease passed on from generation to generation.



The disease is caused by a germ that starts growing and multiplying in the body. Being "run down" makes it easier for the germs to get a foot-hold. Colds do not cause tuberculosis. Only tuberculosis germs can cause tuberculosis. It is not inherited.

Statement number 2 is correct.

**Eradicate Tuberculosis
By
Finding Tuberculosis**

About TUBE

TUBERCULOSIS DIAGNOSED BEST

1. _____? By examining a chest X-ray.
2. _____? By an analysis of the sputum.
3. _____? By an X-ray picture of the chest.

When the doctor makes the diagnosis he places great trust in the chest X-ray. He is not satisfied with the findings of the microscope alone. No examination of tuberculosis is complete without an X-ray picture. BUT the X-ray must be read by a competent physician. Beware of the quack.

Statement number 1 is correct.



Do You Know

TUBERCULOSIS

IS
EST:

drop of blood.

of the urine.

picture of the chest.

the diag-
at in the
satisfied
stetho-
ation for
without
e X-rays
mpetent
e X-ray



number 3 is correct.

TUBERCULOSIS IS A DISEASE WHICH:

1. _____? Always begins with a cold and cough.
2. _____? May reach an advanced stage before there are signs and symptoms.
3. _____? Begins with chills and fever.

In the beginning tuberculosis often has no signs or symptoms. When people who have tuberculosis start to lose weight, feel tired all the time and start coughing, the disease is advancing. People who seem to be in good health may have tuberculosis.



Statement number 2 is correct.

For Further Information
Write
State Board of Health

Official Program

FLORIDA PUBLIC HEALTH ASSOCIATION

Tampa Terrace Hotel, December 5-7, 1940

THURSDAY, DECEMBER 5

A. M.

8:00 Registration, Mezzanine floor.

FIRST GENERAL SESSION

Palm Room

Dr. L. J. Graves, First Vice-President, Presiding

- 9:30 Invocation — Rev. A. H. Wilson, Pastor, First Christian Church, Tampa.
9:35 Welcome — Honorable R. E. L. Chancey, Mayor of Tampa.
9:40 Welcome — Dr. John R. Boling, President, Hillsborough County Medical Society.
9:50 Address — Governor Fred P. Cone.
10:00 Introduction — Visiting Doctors and Health Officers.
10:15 Address — Carl Brorein, President, Florida State Chamber of Commerce.
10:35 "Selling Public Health to the Public", Karl Lehmann, Secretary, Lake County Chamber of Commerce.
10:55 "Public Health Aspects of National Defense", Dr. James A. Crabtree, Executive Assistant to the Surgeon General, U. S. Public Health Service.
11:10 Address — Dr. A. B. McCreary, State Health Officer.
11:30 Discussion.
11:45 Announcements.
11:50 Adjournment.

AFTERNOON MEETINGS

HEALTH OFFICERS' SECTION

Lafayette Room

President — Dr. J. S. Spoto

P. M.

- 2:30 "Present Day Concepts of Immunizing Procedures", Dr. W. P. Rice, Director, Orange County Health Unit.
2:55 Discussion.
3:05 "What Can the Health Department Do To Aid The Welfare Department?", C. C. Codrington, Commissioner, State Welfare Board.
3:30 Discussion.
3:40 "Health Administration", Dr. M. E. Winchester, Commissioner of Health, Glynn County Board of Health, Brunswick, Georgia.
4:05 Discussion.
4:15 "Housing and Health", Major M. J. Mackler, Executive Director, City Housing Authority, Tampa.
After Major Mackler's paper, there will be a motorcade to visit housing projects, McDill Field, etc.

THURSDAY, DECEMBER 5, 1940**SANITARY ENGINEERS' SECTION**

North Dining Room
H. Duke Peters, Presiding

P. M.**2:00 SYMPOSIUM ON STATE SANITARY CODE.**

"History and Explanation of Sanitary Code Act", G. F. Catlett, Chief Engineer, Florida State Board of Health.

Discussions led by:

"Food Handling Regulations", H. N. Parker, City Health Department, Jacksonville.

"Swimming Pool and Bathing Beach Regulations", S. D. Macready, Dade County Health Department.

"Tourist and Trailer Camp Regulations", T. W. Miller, Florida State Board of Health.

"The Privy Program", J. B. Miller, Florida State Board of Health.

P. M.

7:30 SPANISH DINNER, Columbia Restaurant, Ybor City.
(Tickets \$1.00. Please purchase tickets at Registration Desk when registering).

FRIDAY, DECEMBER 6, 1940**HEALTH OFFICERS' SECTION**

Lafayette Room

A. M.

9:00 "Malaria Control in the Local Health Program", Dr. L. L. Parks, Malariologist, Florida State Board of Health.

9:20 Discussion.

9:25 "The Importance of an Effective Milk Program in County Health Work", Dr. H. B. Smith, Director, Lake County Health Department.

9:45 Discussion.

9:50 "Serology and Syphilis Control", Dr. R. L. Kahn, Director of Laboratories, University of Michigan.

10:10 Discussion.

10:15 Round Table Discussion on Public Health Administration — Dr. Carl E. Buck, Field Director, Committee on Administrative Practice, American Public Health Association.

11:00 Business Meeting, Election of Officers, etc.

12:30 HEALTH OFFICERS' SECTION LUNCHEON.
Round Robin Discussion.

PUBLIC HEALTH NURSING SECTION

Palm Room

A. M.

9:30 "Nutrition in the Field of Public Health", Miss Marjorie Heseltine, Consultant in Nutrition, Children's Bureau.

Discussion: Miss Robina Tillinghast.
Miss Doris Woodward.

FRIDAY, DECEMBER 6, 1940

PUBLIC HEALTH NURSING SECTION (Continued)

A. M.

- 10:15 "The Use of Toys in a Pre-school Clinic", Miss Ruth A. Heintzelman, Regional Public Health Nursing Consultant, Children's Bureau.
Discussion: Dr. William H. Ball
Miss Lalla Mary Goggans.
- 11:00 "National Defense Program", Miss Pearl McIver, Senior Public Health Nursing Consultant, United States Public Health Service.
- 11:45 Discussion.
- 12:00 Adjournment.

SANITARY ENGINEERS' SECTION

North Dining Room

Russell Broughman, Presiding

A. M.

- 9:30 "The Work of the Sanitary Officer in Milk Sanitation", L. E. Johns, Broward County Health Unit.
- 9:50 "Septic Tank Installations and Plumbing Regulations", G. F. Catlett, Florida State Board of Health.
- 10:10 "Engineering Activities in Malaria Control Work", J. L. Robertson, Jr., Sanitary Engineer, United States Public Health Service.
- 10:30 "Experimental Wells to Determine Ground Water Levels as Related to Malaria Drainage", David B. Lee, Sanitary Engineer, Malaria Department, Escambia County Health Unit.

AFTERNOON MEETING

- 10:50 Discussion.

SECOND GENERAL SESSION

Palm Room

Dr. A. B. McCreary, President, Presiding

P. M.

- 2:30 Address — Dr. Reginald M. Atwater, Executive Secretary, American Public Health Association.
- 2:50 "The Next Steps in Health Legislation", Walter J. Matherly, Dean, College of Business Administration, University of Florida.
- 3:10 Address — Honorable Spessard L. Holland.
- 3:30 "Paradoxical Reactions in Serology of Syphilis", Dr. R. L. Kahn, Director of Laboratories, University of Michigan.
- 3:50 "Interrelations Between Social Security Board, State Bureau of Vital Statistics, Undertakers and Other Offices or Groups", Frank K. Dunn, Informational Service, Social Security Board, Birmingham, Alabama.
- 7:30 ANNUAL BANQUET. Palm Room. Mr. Carl Brorein, Toastmaster. Dancing and Floor Show. (Tickets \$1.50. Please purchase tickets at Registration Desk when registering.)

SATURDAY, DECEMBER 7, 1940

A. M.

- 8:45 Meeting BOARD OF DIRECTORS. Room 214.
THIRD GENERAL SESSION
Palm Room
Dr. A. B. McCreary, President, Presiding
- 9:45 Address — Dr. J. S. Turberville, President, Florida Medical Association.
- 10:05 "Housing and Health", George Gross, State Planning Board.
- 10:25 "Birth Control in the Program of the State Health Department", Dr. G. M. Cooper, Assistant State Health Officer, Raleigh, N. C.
- 10:45 Address — Dr. Felix J. Underwood, Executive Officer, State Board of Health, Jackson, Miss.
- 11:05 "Public Health from the Standpoint of the Dental Profession", Dr. Roscoe D. Cummins, Past President, Florida Dental Society.
- 11:25 "Appropriations for County Health Units", Mrs. Malcolm McClellan, Chairman, Legislative Committee, Parent-Teachers Association.
- 11:40 Discussion.
- 11:45 BUSINESS MEETING and Election of Officers.
Adjournment.

HOTEL RATES

TAMPA TERRACE (Headquarters)

\$2.50 Single—\$2 each, two in room—\$1.75 each, three in room.

All rooms with outside exposure and private bath. To insure getting rates quoted above, please state when registering at desk that you are a convention delegate.

THE HILLSBORO HOTEL

Single, with bath, \$2.50 up

Double with bath, double bed, 2 persons, \$3.50 up

Double, with bath, twin beds, 2 persons, \$4.00 up

TUBERCULOSIS (All Forms)

DEATHS AND RATES PER 100,000 POPULATION, BY COLOR
1917 TO 1939 INCLUSIVE, FLORIDA

Bureau of Vital Statistics, State Board of Health, Edward M. L'Engle, M.D., Director

YEARS	TOTAL		WHITE		COLORED	
	Deaths	Rates	Deaths	Rates	Deaths	Rates
1939.....	921	48.8	376	*	545	*
1938.....	987	58.1	407	33.7	580	118.4
1937.....	966	57.8	400	33.7	566	117.2
1936.....	905	55.1	387	33.2	518	108.8
1935.....	903	55.9	397	34.7	506	107.9
1934.....	953	60.1	381	33.9	572	123.9
1933.....	1,039	66.9	398	36.1	641	142.1
1932.....	1,093	71.5	395	36.5	698	156.2
1931.....	1,067	70.8	427	40.1	640	144.8
1930.....	1,015	68.6	432	41.3	583	134.0
1929.....	1,014	70.8	416	41.3	598	140.6
1928.....	1,102	79.7	481	49.7	621	149.5
1927.....	1,097	82.2	463	49.8	634	156.4
1926.....	1,187	92.3	519	58.3	668	169.0
1925.....	999	80.8	426	59.0	573	148.7
1924.....	1,054	88.7	457	56.2	597	159.1
1923.....	1,079	94.7	490	63.3	589	161.2
1922.....	1,019	93.5	440	59.9	579	163.0
1921.....	851	91.3	401	57.6	550	159.3
1920.....	1,016	102.3	423	64.3	593	176.8
1919.....	993	103.7	461	73.4	532	161.6
1918.....	1,084	115.9	494	81.2	590	180.4
1917.....	1,085	118.9	472	80.3	613	188.7

* Not Available.

Note: 1938 National Rate, last available year, 48.9.

TUBERCULOSIS (All Forms)
DEATHS BY COLOR AND BY COUNTIES, FLORIDA, 1939

COUNTIES	TOTAL	WHITE	COLORED
State.....	921	376	545
Alachua.....	15	3	12
Baker.....	0	0	0
Bay.....	6	3	3
Bradford.....	3	2	1
Brevard.....	8	4	4
Broward.....	16	7	9
Calhoun.....	1	0	1
Charlotte.....	1	1	0
Citrus.....	1	0	1
Clay.....	2	1	1
Collier.....	1	0	1
Columbia.....	10	5	5
Dade.....	132	54	78
DeSoto.....	1	0	1
Dixie.....	0	0	0
Duval.....	162	37	125
Escambia.....	42	20	22
Flagler.....	0	0	0
Franklin.....	1	0	1
Gadsden (Ex).....	12	2	10
State Hospital.....	25	15	10
Gilchrist.....	0	0	0
Glades.....	0	0	0
Gulf.....	0	0	0
Hamilton.....	3	0	3
Hardee.....	1	1	0
Hendry.....	2	2	0
Hernando.....	1	1	0
Highlands.....	2	0	2
Hillsborough.....	80	39	41
Holmes.....	4	3	1
Indian River.....	1	1	0
Jackson.....	12	5	7
Jefferson.....	7	1	6
Lafayette.....	2	0	2
Lake.....	11	6	5
Lee.....	6	4	2
Leon.....	9	3	6
Levy.....	1	0	1
Liberty.....	1	0	1
Madison.....	7	0	7
Manatee.....	11	4	7
Marion.....	15	2	13
Martin.....	2	1	1
Monroe.....	13	8	5
Nassau.....	0	0	0
Okaloosa.....	2	1	1
Okeechobee.....	0	0	0
Orange.....	80	42	38
Osceola.....	2	1	1
Palm Beach.....	31	9	22
Pasco.....	7	4	3
Pinellas.....	41	28	13
Polk.....	41	20	21
Putnam.....	10	2	8
St. Johns.....	13	4	9
St. Lucie.....	5	1	4
Santa Rosa.....	3	3	0
Sarasota.....	6	3	3
Seminole.....	10	2	8
Sumter.....	3	2	1
Suwannee.....	1	0	1
Taylor.....	3	0	3
Union.....	4	1	3
Volusia.....	21	12	9
Wakulla.....	2	1	1
Walton.....	2	1	1
Washington.....	4	4	0

Tuberculosis . . .

From 5 to 20

Rarely does one hear of a school child dying of tuberculosis. It is mostly grown-ups who die from this disease. Then why should parents and teachers be concerned about tuberculosis in children?

Although tuberculosis is essentially a disease of adult life it usually **BEGINS** in childhood. Death represents only the harvest from the seeds sown in youth.

The early form seldom causes any clear signs or symptoms by which a doctor may discover it. The child may appear healthy and robust. Early tuberculosis may be overlooked even if the doctor makes a careful physical examination. The most searching diagnostic procedure is the x-ray examination — with or without the preliminary tuberculin test.

No parent should be alarmed by the signals given by the tuberculin test or the x-ray any more than he is frightened by a "Caution" traffic light. Such a signal spells disaster only to him who willfully ignores it.

When boys and girls go to high school and later to college they are likely to become careless of their health and unwilling to admit that they do not feel physically up to the mark. It is all too common when the search is made by school physicians to find students with early tuberculosis playing on football or basketball teams. This is a dangerous situation because the symptoms if present at all may be so slight as to excite no alarm.

As a result of indifference, the disease is allowed to progress to the serious state. A case of early tuberculosis treated promptly by rest, good food and fresh air under the supervision of the physician has an excellent chance of getting well, but once the disease becomes entrenched it is difficult to cure.

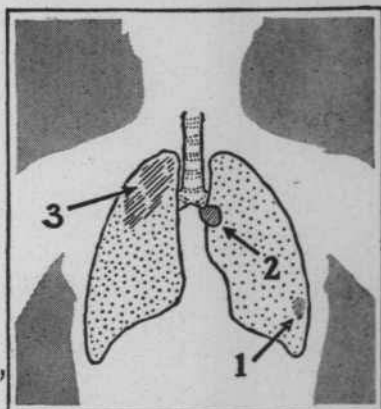


DIAGRAM OF LUNGS
showing how tuberculosis sometimes develops: (1) The first tubercle; (2) Lymph node which has been attacked by tubercle bacilli; (3) Disease of lung substance which may spread to other parts of lung.

CONVENTION CALL

Twelfth Annual Convention

Tampa Terrace Hotel

December 5-7, 1940

REGISTRATION AND EXHIBITS MEZZANINE FLOOR

Scientific Exhibits—

Women's Field Army, Florida Division
American Association for Control of Cancer
Florida Tuberculosis Association and Division
Tuberculosis Control, State Board of Health
Bureau of Maternal and Child Health
State Board of Health
History of Public Health

Commercial Exhibits—

Dermetics Company, Inc.
Gilliland Laboratories, Inc.
Lederle Laboratories, Inc.
Remington Rand, Inc.
Surgical Supply Co.
Coca-Cola Company

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